

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90080 020 ***150.00

0209020 AV

DOCUMENT # P93000000571

1. Entity Name
GUY E. MOTZER, P.A.

Principal Place of Business 200 S. BISCAYNE BLVD. 41 FLOOR MIAMI FL 33131-2398	Mailing Address 200 S. BISCAYNE BLVD. 41 FLOOR MIAMI FL 33131-2398
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2. Principal Place of Business 777 S. FLAGLER DRIVE	3. Mailing Address 777 S. FLAGLER DRIVE
Suite, Apt. #, etc. 1900 PHILLIPS POINT WEST	Suite, Apt. #, etc. 1900 PHILLIPS POINT WEST

DO NOT WRITE IN THIS SPACE

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL	4. FEI Number 65-0382778	Applied For <input type="checkbox"/> Not Applicable
Zip 33401-6198	Country USA	Zip 33401-6198	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MOTZER, GUY E
 200 S. BISCAYNE BLVD.
 41 FLOOR
 MIAMI FL 33131-2398**

7. Name and Address of New Registered Agent
 Name **GUY E. MOTZER**
 Street Address (P.O. Box Number is Not Acceptable)
777 S. FLAGLER DRIVE
1900 PHILLIPS POINT WEST
 City **WEST PALM BEACH, FL** Zip Code **33401-6198**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *[Signature]* **GUY E. MOTZER, PRESIDENT** DATE **2/5/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME MOTZER, GUY E	
STREET ADDRESS 200 S. BISCAYNE BLVD., 41 FL	
CITY-ST-ZIP MIAMI FL 33131-2398	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOTZER, GUY E.	
STREET ADDRESS 777 S. FLAGLER DRIVE, 1900 WEST	
CITY-ST-ZIP WEST PALM BEACH, FL 33401-6198	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **GUY E. MOTZER** DATE **2/5/02** DAYTIME PHONE # **(561) 650-7272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)