FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am P93000047687 DOCUMENT # 1. Entity Name ROBERT W. ZUCKER, C.P.A., P.A. 05-16-2002 90036 019 ***150.00 Principal Place of Business 7 Mailing Address 2000 GLADES ROAD 2000 GLADES ROAD BU1U4703 110 110 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0420449 Not Applicable Zip 😘 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZUCKER, ROBERT W Street Address (P.O. Box Number is Not Acceptable 4842 WILLOW DRIVE GLADES Bd **BOCA RATON FL 33487** 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete PSID (9/01) ☐ Addition NAME zuckèr. Robert w NAME ROBERT W ZUCKER STREET ADDRESS 4842 WILLOW DR STREET ADDRESS 2000 GLAGES Rd # 110 BOCA RATON FL CITY-ST-ZIP BOCARATON ST TITLE ☐ Delete TITLE **C**hange ☐ Addition NAME ZUCKER, R NAME ROBERT W. ZUCKER 4842 WILLOW DR: 2000 STREET ADDRESS STREET ADDRESS 2000 GUAGES CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

SIGNATURE:

changed, or on an attachment