

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0377340 AV

DOCUMENT # P95000010108

1. Entity Name
MARSHALL S. FENSTER, PSY.D., P.A.

04-09-2002 91180 029 ***150.00

Principal Place of Business 7301 A WEST PALMETTO PARK ROAD STE #105 C BOCA RATON FL 33433 US	Mailing Address 7301 A WEST PALMETTO PARK ROAD STE #105-C BOCA RATON FL 33433 US
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2. Principal Place of Business 7301 W. PALMETTO PARK RD Suite, Apt. #, etc. SUITE 208 B	3. Mailing Address 7301 W. PALMETTO PARK RD Suite, Apt. #, etc. SUITE 208 B
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DO NOT WRITE IN THIS SPACE

City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 65-0562056	Applied For <input type="checkbox"/> Not Applicable
Zip 33433	Country USA	Zip 33433	Country USA

6. Name and Address of Current Registered Agent FERNSTER, MARSHALL S 7709 CEDARWOOD CIRCLE BOCA RATON FL 33434	7. Name and Address of New Registered Agent Name: MARSHALL S. FENSTER Street Address (P.O. Box Number is Not Acceptable) 7134 GRANVILLE AVE City BOYNTON BEACH FL Zip Code 33437
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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 *Marshall S Fenster* **MARSHALL S. FENSTER,** **3-25-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
PRESIDENT

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FENSTER, MARSHALL S 7301 A WEST PALMETTO PARK RD, #105 CC BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marshall S Fenster* **DR. MARSHALL S. FENSTER** **561-**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #
PRESIDENT, 3-25-02 395-4420

CR2E034 (9/01)