

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90080 011 \*\*\*150.00

**DOCUMENT # P95000033444**  
 1. Entity Name  
**FLEISCHMAN & FLEISCHMAN, P.A.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2875 SOUTH OCEAN BLVD.<br/>         STE. 104<br/>         PALM BEACH FL 33480<br/>         US</b> | Mailing Address<br><b>2875 SOUTH OCEAN BLVD.<br/>         STE. 104<br/>         PALM BEACH FL 33480<br/>         US</b> |
|---|---|



|   |  |
|---|--|
| 2. Principal Place of Business<br><b>2161 Palm Beach Lakes Blvd.<br/>         Suite, Apt. #, etc.<br/>         Ste. 403</b> | 3. Mailing Address<br><b>2161 Palm Beach Lakes Blvd.,<br/>         Suite, Apt. #, etc.<br/>         Ste. 403</b> |
| City & State<br><b>West Palm Beach, FL</b>  | City & State<br><b>West Palm Beach, FL</b>   |
| Zip<br><b>33409</b>   | Country<br><b>USA</b>  |

4. FEI Number **65-0575741** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FLEISCHMAN, JACK  
 2875 SOUTH OCEAN BLVD.  
 STE. 104  
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent  
 Name **Jack Fleischman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2161 Palm Lakes Blvd., Ste. 403  
 West Palm Beach,**  
 City **FL** Zip Code **33409**

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 **Jack A. Fleischman** DATE **4-29-02**  
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.  **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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FLEISCHMAN, SIDNEY<br/>2875 S. OCEAN BLVD., #104<br/>PALM BEACH FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FLEISCHMAN, JACK<br/>2875 S. OCEAN BLVD., #104<br/>PALM BEACH FL</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>2161 Palm Beach Lakes Blvd, Ste. 403<br/>West Palm Beach, FL 33409</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>2161 Palm Beach Lakes Blvd, Ste. 403<br/>West Palm Beach, FL 33409</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: **Jack A. Fleischman** DATE **4-29-02** Daytime Phone # **561-585-3666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)