

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

00383578 AV

05-23-2003 90149 016 ***550.00

DOCUMENT # P95000033444



1. Entity Name
FLEISCHMAN & FLEISCHMAN, P.A.

Principal Place of Business 2161 PALM BEACH LAKES BLVD. SUITE 403 WEST PALM BEACH FL 33409 US	Mailing Address 2161 PALM BEACH LAKES BLVD. SUITE 403 WEST PALM BEACH FL 33409 US
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2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

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

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEISCHMAN, JACK
2161 PALM LAKES BLVD.
SUITE 403
WEST PALM BEACH FL 33409**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	FLEISCHMAN, SIDNEY
STREET ADDRESS	2161 PALM BEACH LAKES BLVD. - SUITE 403
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	D <input type="checkbox"/> Delete
NAME	FLEISCHMAN, JACK
STREET ADDRESS	2161 PALM BEACH LAKES BLVD. -SUITE 403
CITY-ST-ZIP	WEST PALM BEACH FL 33409
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF JACK A. FLEISCHMAN *Jack A. Fleischman* Date: 5-21-03 Daytime Phone #: 561-585-3666

CR2E034 (10/02)