


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92208 011 ***150.00

DOCUMENT # P96000002912
1. Entity Name
Sussman Law Group, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1375 Jackson Str.
Suite, Apt. #, etc.
Suite 201
City & State
Fort Myers, FL

3. Mailing Address
P.O. Box 21105
Suite, Apt. #, etc.
City & State
Tampa, FL

4. FEI Number
59-3356583

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

Zip 33901 Country USA Zip 33622 Country USA

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **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 _____ (NOTE: Registered Agent signature required when recanting) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PDEC Sussman, Dav 1375 Jackson Street Suite 201 Fort Myers, FL 33901</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE: _____ Date 4/29/03 Daytime Phone # 239 332 1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)