

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90199 014 ***550.00

DOCUMENT # P96000086768

1. Entity Name
JOHN P. REILLY, P.A.

Principal Place of Business
**1510 SE 14TH COURT
 DEERFIELD BEACH FL 33441**

Mailing Address
**1510 SE 14TH COURT
 DEERFIELD BEACH FL 33441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~1510 SE 14TH COURT~~
 Suite, Apt. #, etc.

3. Mailing Address
~~1510 SE 14TH COURT~~
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0702049**

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

**REILLY, JOHN P
 1510 SE 14TH COURT
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

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.

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

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	PST REILLY, JOHN P 1510 S.E. 14 CT DEERFIELD BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1510 SE 14TH COURT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1510 SE 14TH COURT 33441
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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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: John P. Reilly, P.A. **7/28/02** **954-270-1453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)