2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000002449 **DOCUMENT #**

1. Entity Name

DANIEL H. MOTYL, C.P.A., P.A.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90432 001 ***150.00

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Principal Place of Business 4837 SWIFT RD STE 210 SARASOTA FL 34231		Mailing Address 4837 SWIFT RD STE 210 SARASOTA FL 34231) i daniari jir irkis larki dania dani danii danii danii da	DIAN MEN NINK NINK NIK MIN	
US 2. Principal Place of Business		US 3. Mailing Address				
		Wildling Address			stra trait minte dinin 1861 1884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0710870	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A		
FELDMAN, MARC H			Name	Name		
	TH STREET WEST		Street Addres	ss (P.O. Box Number is Not Acceptable)		
	TON FL 34205					
	,		City	FL	Zip Code	
8. The abov	e named entity submits this statement for	the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am fa	miliar with and accept	
the obliga	and or regiotored agent.			annual agent, a coop, in the state of Florida. Familia	minar with, and accept	
SIGNATURE					}	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E. Registered Agent signature requ	ired when reinstating) DATE		
Áfte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be	
	k Payable to Florida Department of			Trust Fund Contribution.	Added to Fees	
TITLE	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
NAME	MOTYL, DANIEL H	☐ Delete	TITLE NAME	I	☐ Change ☐ Addition	
STREET ADDRESS	827 AUTUMNCREST DR		STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP] ;	
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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STREET MUDRESS			TOTOTET ADDOCAGO		ı	

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:

Daytime Phone #