

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000039026

1. Entity Name
SEIDEN, ALDER & MATTHEWMAN, P.A.



Principal Place of Business
2300 GLADES ROAD, WEST TOWER
SUITE 340
BOCA RATON, FL 33431

Mailing Address
2300 GLADES ROAD, WEST TOWER
SUITE 340
BOCA RATON, FL 33431



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0832453

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDEN, ANDREW
2300 GLADES ROAD, WEST TOWER
SUITE 340
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SEIDEN, ANDREW
STREET ADDRESS 2300 GLADES ROAD, WEST TOWER, #340
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D
NAME ALDER, WAYNE M
STREET ADDRESS 2300 GLADES ROAD, WEST TOWER, #340
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D
NAME MATTHEWMAN, WILLIAM D
STREET ADDRESS 2300 GLADES RD #340-W
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000051482
02/16/04-80053-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW Seiden

2/12/04

Date

561-416-0170

Daytime Phone #