

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 90718 049 ***150.00

DOCUMENT # P99000000196

1. Entity Name

EDWARD M. SCHECKOWITZ M.D., P.A.

Principal Place of Business

**1301 CHESTWOOD COVE
 HEATHROW FL 32746**

Mailing Address

**1301 CHESTWOOD COVE
 HEATHROW FL 32746**

2. Principal Place of Business

11261 Heron Bay Blvd

3. Mailing Address

11261 Heron Bay Blvd

Suite, Apt. #, etc.

#3322

Suite, Apt. #, etc.

#3322

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33076

Country

USA

Zip

33076

Country

USA

4. FEI Number

59-3550469

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SCHECKOWITZ, EDWARD M
 1301 CHESTWOOD COVE
 HEATHROW FL 32746**

7. Name and Address of New Registered Agent

Name

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

~~11261 Heron Bay Blvd~~

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)

5/8/02
 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	D	<input type="checkbox"/> Delete
NAME	SCHECKOWITZ, EDWARD M	
STREET ADDRESS	1301 CHESTWOOD COVE	
CITY-ST-ZIP	HEATHROW FL 32746	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scheckowitz, Edward M	
STREET ADDRESS	11261 Heron Bay Blvd #3322	
CITY-ST-ZIP	Coral Springs FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02
 Date

954 757 5742
 Daytime Phone #

CR2E034 (9/01)

Attachment

P99000000 196

May 8, 2002

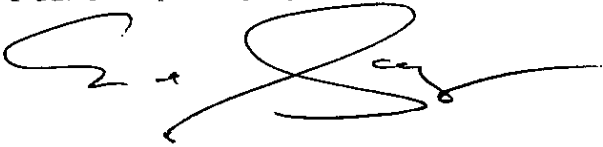
866952

To Whom It May Concern:

I am requesting that your office abate the late filing penalty on my 2002 Uniform Business Report. My accountant retired last year and I had a miscommunication with his replacement.

I appreciate your consideration of this matter.

Sincerely,



Edward M. Scheckowitz
FEI Number 59-3550469