

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90479 008 ***150.00

DOCUMENT # V06603

1. Entity Name
CHARLES S. CAULKINS, P.A.

Principal Place of Business ONE FINANCIAL PLAZA STE 2300 FORT LAUDERDALE FL 33394 US	Mailing Address ONE FINANCIAL PLAZA STE 2300 FORT LAUDERDALE FL 33394 US
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2. Principal Place of Business 450 Las Olas Blvd Suite 800	3. Mailing Address 450 Las Olas Blvd Suite 800
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DO NOT WRITE IN THIS SPACE

City & State FT Lauderdale FL	City & State FT Lauderdale FL	4. FEI Number 65-0301823	Applied For <input type="checkbox"/> Not Applicable
Zip 33301	Country Broward FL	Zip 33301	Country Broward FL

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAULKINS, CHARLES S. 2300 NATIONS BANK BUILDING ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394	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 _____ (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. **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	D CAULKINS, CHARLES S 2300 ONE FINANCIAL PLAZA FT LAUDERDALE FL <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: **4/2/02 954/847-4708**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)