

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90134 011 ***150.00

CR2E034 (10/02)

DOCUMENT # V22510



1. Entity Name
STEVEN M. FISHMAN, P.A.

Principal Place of Business
**3135 STATE ROAD 580
SUITE 11
SAFETY HARBOR FL 34695
US**

Mailing Address
**3135 STATE ROAD 580
SUITE 11
SAFETY HARBOR FL 34695
US**

90012240



2. Principal Place of Business
Suite, Apt. #, etc. **Suite 3**
City & State

3. Mailing Address
Suite, Apt. #, etc. **Suite 3**
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3113756**
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

7. Name and Address of New Registered Agent

**FISHMAN, STEVEN M.
3135 STATE ROAD 580
SUITE # 3
SAFETY HARBOR FL 34695**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *SLMFSL*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D FISHMAN, STEVEN M.		
	1009 WYNDHAM WAY		
	SAFETY HARBOR FL		

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: *SLMFSL* **SIGNATURE REQUIRED** 1/27/03 727-724-9044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #