2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39670

1. Entity Name

BEVERLY L. VESEL, P.A.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90232 031 ***150.00

Principal Place 100 WEST CY STE 930 FT LAUDERDA US 2. Principal F Suite, Apt.	PRESS CREENT ALE FL 33309	K RD	Mailing Address 100 WEST CYPRESS CREEK RD STE 930 FT LAUDERDALE FL 3309 US 3. Mailing Address Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & Star	te		City & State				4, 1	4. FE! Number or cookson Applied For			
								4. FC Normber 65-0334427 Not Applica			
Zip		Country= + = _= . = .	Zip	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					
3						Name					
VESEL, B				Street Address			s (P.O. B	P.O. Box Number is Not Acceptable)			
100 WEST CYPRESS CREEK RD											
` STE 930											
FT LAUDERDALE FL 33309						City		· · · · · · · · · · · · · · · · · · ·	FL Zip C	ode	
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											
JIGNATONE	Signature, typed	or printed name of registered agent a	and title if applic	cable. (NOTI	E: Registered A	gent signature requi	ired when re	einstating)	DATÉ		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financir Trust Fund Contribution.	□ Ādo	.00 May Be led to Fees	
10.	1	OFFICERS AND	DIRECTOR	RS	11.	1	AC	DDITIONS/CHANGES TO OFFICER			
TITLE	PD	NEDIVI		☐ Delete	TITLE				☐ Chang	e 🗌 Addition	
NAME STREET ADDRESS	VESEL, BE	PRESS CREEK RD - S1	F 930		NAME	ADDRESS					
CITY-ST-ZIP	FT LAUDE		L 300			- ZIP					
TITLE			-	☐ Delete	TITLE				☐ Chang	e Addition	
NAME					NAME						
STREET ADDRESS						ADDRESS				1	
CITY-ST-ZIP					- CITY-ST	-ZiP			-		
TITLE				☐ Delete	TITLE				Chang	e 🗌 Addition	
NAME STREET ADDRESS					NAME	ADDRESS					
CITY-ST-ZIP					CITY-ST					{	
TITLE				Delete	TITLE		<u>.</u>		☐ Chang	e	
NAME				L Delote	NAME						
STREET ADDRESS					STREET	ADDRESS					
CITY-ST-ZIP		•			CITY-ST	-ZIP					
TITLE				☐ Delete	TITLE				☐ Chang	e 🔲 Addition	
NAME	1				NAME						
STREET ADDRESS CITY-ST-ZIP					STREET A	ADDRE\$\$					
					+	Eri*			☐ Chang	e	
TITLE	1			☐ Delete	TITLE	1			LJ Glidily	· L Mudition [

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

(954)771-6210

CR2E034 (40