

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90059 042 ***550.00

DOCUMENT # 508254

1. Entity Name

FELDMAN KOENIG & HIGHSMITH, P.A.

Principal Place of Business

Mailing Address

1315 WHITHEAD STREET
 KEY WEST FL 33040

1315 WHITHEAD STREET
 KEY WEST FL 33040

2. Principal Place of Business

3156 Northside Drive
 Suite, Apt. #, etc.

3. Mailing Address

3156 Northside Drive
 Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

59-1693113

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

USA

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

KOENIG, TIMOTHY J.
 1315 WHITHEAD STREET
 KEY WEST FL 33040

Name

Koenig, Timothy J.

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

3156 Northside Drive

City

Key West

FL

Zip Code

33040

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

[Handwritten Signature]

Timothy J. Koenig, VSD

8-22-00

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

(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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PTD	<input type="checkbox"/> Delete
NAME	FELDMAN, ROBERT T.	
STREET ADDRESS	315 WHITEHEAD STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KOENIG, TIMOTHY	
STREET ADDRESS	1315 WHITEHEAD STREET	
CITY-ST-ZIP	KEY WEST FL	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Feldman, Robert T.	
STREET ADDRESS	3156 Northside Drive	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Koenig	
STREET ADDRESS	3156 Northside Drive	
CITY-ST-ZIP	Key West, FL 33040	
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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Timothy J. Koenig, VSD

8-22-00 305696-8851
 Date Daytime Phone #

A0075459



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)