

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90025 029 \*\*\*150.00

0166598 AV

**DOCUMENT # 508254**

1. Entity Name

**FELDMAN KOENIG & HIGHSMITH, P.A.**

Principal Place of Business

**3158 NORTHSIDE DRIVE  
 KEY WEST FL 33040**

Mailing Address

**3158 NORTHSIDE DRIVE  
 KEY WEST FL 33040**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1693113**

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

**KOENIG, TIMOTHY J.  
 3158 NORTHSIDE DRIVE  
 KEY WEST FL 33040**

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 \_\_\_\_\_

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 \$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: ~~PTD~~  
 NAME: ~~FELDMAN, ROBERT T.~~  Delete  
 STREET ADDRESS: ~~315 WHITEHEAD STREET~~  
 CITY-ST-ZIP: ~~KEY WEST FL~~

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: PT  
 NAME: KOENIG, TIMOTHY  Delete  
 STREET ADDRESS: 3158 NORTHSIDE DRIVE  
 CITY-ST-ZIP: KEY WEST FL 33040

TITLE: PTD  
 NAME: KOENIG, TIMOTHY  Change  Addition  
 STREET ADDRESS: 3158 NORTHSIDE DR  
 CITY-ST-ZIP: KEY WEST FL 33040

TITLE: VPS  
 NAME: HIGHSMITH, ROBERT E  Delete  
 STREET ADDRESS: 3158 NORTHSIDE DRIVE  
 CITY-ST-ZIP: KEY WEST FL 33040

TITLE: VPSTD  
 NAME: HIGHSMITH, ROBERT E.  Change  Addition  
 STREET ADDRESS: 3158 NORTHSIDE DR  
 CITY-ST-ZIP: KEY WEST FL 33040

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/02 (305)296-8851**  
 Date Daytime Phone #

CR2E034 (9/01)