

DOCUMENT # 521039

1. Entity Name

ANTHONY J. BEISLER, P.A.

Principal Place of Business

1001 NORTHEAST 26TH ST.
FT. LAUDERDALE FL 33305

Mailing Address

1001 NORTHEAST 26TH ST.
FT. LAUDERDALE FL 33305-1249

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BEISLER, ANTHONY J.
1001 NORTHEAST 26TH ST.
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

ANTHONY J. BEISLER III

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

1001 N.E. 26th Street

Ft. Lauderdale, Fl. 33305

City

FT. LAUDERDALE

FL

Zip Code

33305

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

ANTHONY J. BEISLER III VPD 1/6/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEISLER, ANTHONY J.	
STREET ADDRESS	4100 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEISLER, ANN M.	
STREET ADDRESS	4100 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEISLER, ANTHONY J. III	
STREET ADDRESS	1001 NE 26th Street	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33305	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEISLER, WALTER E.	
STREET ADDRESS	250 8th Street	
CITY-ST-ZIP	WEST PALM BEACH, FL.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 jobs empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY J. BEISLER III

1/6/2000

Date

954-565-1607

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90098 015 ***150.00

0 2 0 0 1 1



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1708971

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

CR2E034 (9/99)