

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601300

1. Entity Name

DEUSCHLE & ASSOCIATES, P.A.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90085 020 ***150.00

Principal Place of Business

800 SE 3RD AVENUE
 STE. 400
 FT. LAUDERDALE FL 33316
 US

Mailing Address

800 SE 3RD AVENUE
 SUITE 500
 FT. LAUDERDALE FL 33316-1152
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

800 SE 3rd Avenue

Suite, Apt. #, etc.

Suite 400

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

4. FEI Number

59-1363805

Applied For

Not Applicable

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

DEUSCHLE, BRIAN C.
 DEUSCHLE & ASSOCIATE, P.A.
 800 SE. 3RD AVE. STE.400
 FORT LAUDERDALE FL 33316

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, 2000 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 PD ☐ Delete
 NAME DEUSCHLE, BRIAN C.
 STREET ADDRESS 800 SE. 3RD AVE. STE 400
 CITY-ST-ZIP FORT LAUDERDALE FL

TITLE PD ☐ Delete
 NAME CRAVEN, KATHRYN R.
 STREET ADDRESS 800 SE. 3RD AVE. STE 400
 CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
 NAME Craven, Kathryn R.
 STREET ADDRESS 800 SE 3rd Avenue, Suite 400
 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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

Brian C. Deuschle

4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-763-7200

CR2E034 (9/99)