2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

P.O. DRAWER 3948

WEST PALM BEACH FL 33402

602922 DOCUMENT

1. Entity Name

Principal Place of Business

WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

1551 FORUM PLACE

BLGD'S 200 & 400

BAKST, BAKST AND KOENIG, P.A.



4.

5.

FILED Mar 06, 2003 8:00 am §
Secretary of State

03-06-2003 90133 018 ***150.00

☐ CHECK HERE IF MAKING CHANGES						
FEt Number 59-1352101	Applied For					
39 1532 101	Not Applicable					
Certificate of Status Desired						
Name and Address of New Registered Agent						

6. Name and Address of Current Registered Agent 7. Name BAKST, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 1551 FORUM PLACE BLDG'S 200 & 400 WEST PALM BEACH FL 33401 City

8.	. The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete BAKST, DANIEL L 1551 FORUM PLACE, BLDG'S 200 & 400 W PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ane Sals
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKST, MICHAEL R 1551 FORUM PLACE, BLDG'S 200 & 400 W PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete KOENIG, JOHN M JR 1551 FORUM PLACE, BLDG'S 200 & 400 WEST PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

KWARED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daniel L. Bakst, President