2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

603802 **DOCUMENT #**

Principal Place of Business

1. Entity Name
GOLDSTEIN, BUCKLEY, CECHMAN, RICE & PURTZ, PROFE SSIONAL ASSOCIATION



Mailing Address

FORT MYERS FL US	33901	P.O.BOX 2366 FT MYERS FL 33902 US				
2. Principal Place of Business		3. Mailing Address	S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	+		
	6. Name and Address of Cu	rrent Registered Agent				
PLICKLEY 01			Name			

FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90147 028 ***150.00

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FORT MYERS FL 33901 US		FT N US	FT MYERS FL 33902 US						' 		
2. Principal Place of Business		3. Ma	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		Cit	City & State			4. FEI Number 59-1410317		——	pplied For ot Applicable		
Zip	. مد	Country	Ziç		Count	ry 	5.	Certificate of Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name	and Address of	Current Register	red Agent			7.	Name and Address of New Rec	istered	Agent	·
BUCKLEY, STEPHEN W				Name Street Address (P.O. Box Number is Not Acceptable)							
1515 BROADWAY				Street Address (P.C		iss (P.U. E	sox Number is Not Acceptable)				
FT. MYER	S FL 33901										
9 The above	named antity	, nu basita this stat	lana and for the			City		_	FL	Zip Coo	
the obligation	tions of regist	red agent.	ement for the purp	pose of changing its	registere	d office or regi	stered ag	ent, or both, in the State of Florid	da. Iam	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of regis	tered agent and title if ap	plicable. (NOTE	: Registered	Agent signature req	uired when re	einstating)	DATE		
				1			,	1			
		FEE IS \$150						9. Election Campaign Finar	acina	¢ E 0	10 v =
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.	icing [Added	May Be to Fees		
10.	+	OFFICE	RS AND DIRECTO	ORS	11.		ΑD	DITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	P BUCKLEY, 1515 BRO	STEPHEN W. ADWAY		☐ Delete	TITLE NAME STREET	T ADDRESS				☐ Change	☐ Addition
CITY-ST-ZIP	FT. MYERS	FL 33901			CITY-S						
TITLE NAME STREET ADDRESS	GOLDSTEII 1515 BRO			☐ Delete	TITLE NAME STREET	T ADDRESS				☐ Change	☐ Addition
CITY-ST-ZIP TITLE	FT. MYERS	FL 33901		Delete	CITY-S	ST-ZIP		# / **	· · · -	☐ Change	Addition
NAME STREET ADDRESS	RICE, J J 1515 BROA	ADWAY			NAME	ADDRESS				Onlange	L Addition
CITY-ST-ZIP	FT MYERS				CITY-S						
fitle Name Street address (☐ Delete	NAME NAME	ADDRESS				☐ Change	Addition (
CITY-ST-ZIP		~·			CITY-S						
TTLE IAME STREET ADDRESS				□ Delete	TITLE NAME STREET	ADDRESS				☐ Change	Addition
CITY-ST-ZIP TILE	<u>·</u>			[] Delete	CITY-S	T-ZIP					
IAME ITREET ADDRESS HTY-ST-ZIP				Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP				☐ Change	☐ Addition

12. I hereby certify that the information supplied with his 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 the 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 eport 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 encowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #