

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90229 033 \*\*\*150.00

**DOCUMENT # 638304**

1. Entity Name  
**DONALD S. HERSHMAN, P.A.**



Principal Place of Business  
**301 YAMATO RD.  
SUITE 2110  
BOCA RATON FL 33431**

Mailing Address  
**301 YAMATO RD.  
SUITE 2110  
BOCA RATON FL 33431**



2. Principal Place of Business  
**5301 N. Federal Highway**

3. Mailing Address  
**5301 North Federal Hwy.**

Suite, Apt. #, etc.  
**Suite 280**

Suite, Apt. #, etc.  
**Suite 280**

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

4. FEI Number **59-1950812**

Applied For  
☐ Not Applicable

Zip **33487** Country **USA**

Zip **33487** Country **USA**

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

**HERSHMAN, DONALD S  
301 YAMATO RD.  
SUITE 2110  
BOCA RATON FL 33431**

Name **Same**  
Street Address (P.O. Box Number is Not Acceptable)  
**5301 North Federal Highway  
Suite 280  
Boca Raton FL 33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>LAW OFFICES OF DONALD S HERSHMAN, P.A.<br/><del>301 YAMATO ROAD, STE 2110</del><br/>BOCA RATON FL 33431</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>5301 N. Federal Hwy<br/>Suite 280<br/>Boca Raton, Fla<br/>33487</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/03** Daytime Phone # **561-241-6650**

CR2E034 (10/02)