

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 639347

FILED
Mar 08, 2002 8:00 AM
Secretary of State

Entity Name: ALEXANDER L. SUTO, P.A.

Current Principal Place of Business:

450 SE 5TH AVE
SUITE 401
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

450 SE 5TH AVE
SUITE 401
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-1958348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTO, ALEXANDER L.
450 SE 5TH AVE
APT 401
BOCA RATON, FL 33432

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: SUTO, ALEXANDER L.
Address: 450 SE 5TH AVENUE APT 401
City-St-Zip: BOCA RATON, FL 33432

Title: S () Delete
Name: WILSON, DIANNE C.
Address: 1050 NW 3RD STREET
City-St-Zip: BOCA RATON, FL 00000,

Title: PDC () Delete
Name: SUTO, ALEXANDER L.
Address: 450 SE 5TH AVENUE APT 401
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WILSON, DIANNE C.
Address: 5495 MONTEREY CIR, #9
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER L. SUTO

PDC

03/08/2002

Electronic Signature of Signing Officer or Director

Date