

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90081 044 ***150.00

DOCUMENT # 660793

1. Entity Name
TRACHTMAN AND HENDERSON, P.A.

Principal Place of Business

**1990 W NEW HAVEN AVE #201
 MELBOURNE FL 32904**

Mailing Address

**1990 W NEW HAVEN AVE #201
 MELBOURNE FL 32904**

2. Principal Place of Business

1735 W. Hibiscus Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

MELBOURNE, FL

Zip

32901

Country

BREVARD

3. Mailing Address

1735 W. Hibiscus Blvd

Suite, Apt. #, etc.

Suite 300

City & State

MELBOURNE FL

Zip

32901

Country

BREVARD



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2007615**

App. fee For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HIGH FLIGHT LEASING, INC.
 1990 W NEW HAVEN AVE #201
 MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1735 W. Hibiscus Blvd

Suite 300

City

MELBOURNE

FL

Zip Code

32901

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 re-registering)

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, 2001 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	TRACHTMAN, JERRY H	
STREET ADDRESS	1990 W NEW HAVEN AVE. #201	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HENDERSON, SAMUEL	
STREET ADDRESS	1990 W NEW HAVEN AVE. #201	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1735 W. Hibiscus Blvd, Suite 300	
STREET ADDRESS	MELBOURNE, FL 32901	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1735 W. Hibiscus Blvd, Suite 300	
STREET ADDRESS	MELBOURNE, FL 32901	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY H. TRACHTMAN

Date

Daytime Phone #

4/25/01

321-723-2200

CR2E034 (10/00)