2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692635

1. Entity Name

KOCH REISS & COMPANY, P.A.



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90146 040 ***150.00

Principal Place of Business 4700 SHERIDAN STREET BLDG N HOLLYWOOD FL 33021			4700 BLDG	Mailing Address 4700 SHERIDAN STREET BLDG N HOLLYWOOD FL 33021								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F.	4. FEI Number 59-2101505 Applied F			oplied For ot Applicable	
, , Zip		Country	Zip		Country	,	5. C	Certificate of Status Desired		8.75 Ad	ditional	
	6. Name	and Address of Curre	nt Registere	ed Agent			7. N	ame and Address of New Re	gistered A	gent		
*					- 1	Name						
KOCH, JEFFREY B				Street Address			ss (P.O. Bo	(P.O. Box Number is Not Acceptable)				
4700 SHERIDAN STREET							•	<u> </u>		<u> </u>		
HOLLYWOOD FL 33021				ļ						4		
						City			FL	Zip Coo	e ,	
	named entity ions of regist		for the purp	ose of changing its	registered	office or regi	istered age	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	
SIGNATURE .												
	Signature, typed	or printed name of registered age	ent and title if app	licable. (NOTE	: Registered A	gent signature req	quired when rein	nstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta								9. Election Campaign Final Trust Fund Contribution.	ncing		0 May Be I to Fees	
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2. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

(954)489-7462 Daytime Phone # 32E034 (10/02)