2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90116 001 ***550.00

0074625 AV

DOCUMENT # **F00000002874**

1. Entity Name

EICHLER & ASSOCIATES, INC.

✓

Principal Place of Business	Mailing Address
108 CHASEWOOD CIRCLE PALM BEACH GARDENS FL 33418	108 CHASEWOOD CIRCLE PALM BEACH GARDENS FL 33418

OTHER

2. ~~Principal~~ Place of Business ⟵	3. Mailing Address *5600 WISCONSIN AVe.*
Suite, Apt. #, etc. *18-D* ⟵	Suite, Apt. #, etc. *18-D*
City & State ⟵	City & State *CHEVY CHASE, MAryland*

Zip ⟵	Country ⟵	Zip *20815*	Country *USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1844202**

Applied For / Not Applicable

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
EICHLER, STEPHEN 108 CHASEWOOD CIRCLE PALM BEACH GARDNES FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) *N/A*

TAX NOT REQUIRED

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PTC** NAME **EICHLER, STEPHEN** STREET ADDRESS **108 CHASEWOOD CIRCLE** CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** NAME **EICHLER, ANITA** STREET ADDRESS **108 CHASEWOOD CIRCLE** CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: _____   8/10/01   301656-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #