

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT #	F02000005736
1. Entity Name	
ALLAN SHIVITZ ASSOCIATES, INC.	

FILED

09 APR 16 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business		3. Mailing Address	
7010 HONEYSUCKLE TRAIL		7010 HONEYSUCKLE TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
BRADENTON, FL		BRADENTON, FL	
Zip	Country	Zip	Country
34202-2928	USA	34202-2928	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
52-1089133	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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7. Name and Address of Current Registered Agent	
Name	
ALLAN SHIVITZ	
Street Address (P.O. Box Number is Not Acceptable)	
7010 HONEYSUCKLE TRAIL	
City	Zip Code
BRADENTON	34202-2928

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 Allan Shvitz ALLAN SHIVITZ Allan Shvitz 4-7-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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	PRESIDENT
NAME	ALLAN SHIVITZ
STREET ADDRESS	7010 HONEYSUCKLE TRAIL
CITY-ST-ZIP	BRADENTON, FL 34202-2928
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Allan Shvitz ALLAN SHIVITZ 4-7-09 410-907-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #