## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F51759**

Country

ANTHONY J. BEISLER, III, P.A.

Principal Place of Business			
	NTHONY J. N.E. 26 STR	. Beisler, III Reet	

TT. LAUDERDALE FL 33305

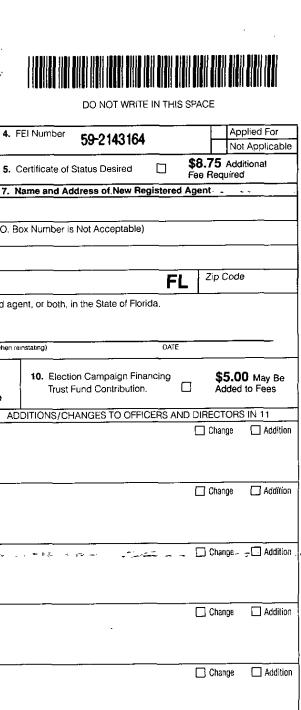
Mailing Address

C/O ANTHONY J. BEISLER. III 1001 N.E. 26 STREET FT. LAUDERDALE FL 33305-1243

Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

## **FILED** Jan 13, 2000 8:00 am Secretary of State

01-13-2000 90021 011 \*\*\*150.00



6. Name and Address of Current Registered Agent ... Name BEISLER, ANTHONY J., III Street Address (P.O. Box Number is Not Acceptable) 1001 N.E. 26TH STREET FT LAUDERDALE FL 33305 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 . (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. **PVD** ☐ Defete TITLE TITLE BEISLER, ANTHONY J., III NAME NAME STREET ADDRESS 1001 N.E. 26TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete BEISLER, ANTHONY J.,III NAME NAME 1001 N.E. 26TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

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 eath; that I am an officer or director of the corporation or the receive of tustes 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