2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address P.O. BOX 369

DOCUMENT #

Principal Place of Business

% STEVEN MOHLER

F56209

1. Entity Name

STEVEN MOHLER, P.A.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90315 006 ***150.00

20008445

CHECK HERE IF MAKING CHANGES	* STEVEN MOHLER 2100 VERO BEACH AVE 2127 - 10 TE VERO BEACH FL 32960	P.O. BOX 369 VERO BCH FL 32961 US		1 (88//88 //8/ 8///8 8///8 //8//	20008445	
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	2. Principal Place of Business 2197-10 T# 41/5	3. Mailing Address			10 1011 DIGHT CHAR BADIT BADIT DIGHT BADIT BADIT	
Second S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
S. Certificate of Status Desired	City & State VERO BEACH FL	City & State		4. FEI Number 59-2139934	Applied For Not Applicable	
MOHLER, STEVEN 2100 VERO BEACH AVE VERO BEACH FL 32960 City FL Zip Code Code Code FL Zip Code City FL Zip Code Code	32960 INDIAN R	VER Zip	Country	5. Certificate of Status Desired		
MOHLER, STEVEN 2100 VERO BEACH AVE VERO BEACH AVE VERO BEACH FI, 32960 City 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. I am familiar with, and ac the bulgations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Trust Fund Contribution. POFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIREFT ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAME SIREFT ADDRESS CITY-ST-ZIP TITLE Delete TITLE SIREFT ADDRESS CITY-ST-ZIP TITLE Delete TITLE SIREFT ADDRESS CITY-ST-ZIP TITLE SIREFT ADDRE	6. Name and Address of	Current Registered Agent		7. Name and Address of New R	egistered Agent	
Sireet 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. I am familiar with, and ace the obligations of registered agent. (NOTE: Registered Agent signature mealined when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE STREET ADDRESS CITY-ST-ZIP THE OPINE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THE OPINE Change Address (P.O. Box Number is Not Acceptable) City FL VIV. III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Added to Fee Added to Fee Added to Fee WERD BEACH AVE VERO BEACH FL 32960 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THE OFFICERS AND DIRECTORS IN 11 Change Address CITY-ST-ZIP THE OFFICERS AND DIRECTORS IN 11 NAME STREET ADDRESS CITY-ST-ZIP THE OFFICERS AND DIRECTORS IN 11 Change Address STREET ADDRESS CITY-ST-ZIP THE OFFICERS AND DIRECTORS IN 11 Change Address STREET ADDRESS CITY-ST-ZIP THE OFFICERS AND DIRECTORS IN 11 Change Address STREET ADDRESS CITY-ST-ZIP THE OFFICERS AND DIRECTORS IN 11 Change Address STREET ADDRESS CITY-ST-ZIP THE OFFICERS AND DIRECTORS IN 11 THE OFFICERS AND DIRECTORS			Name	en a series de la companya de la co	.	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. FILE NOW!!! FEE IS \$150.00					, 	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. STATURE Supulars, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when reinstating) After May 1, 2003 Fee will be \$550.00 Note: CPC-ck. Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IT ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	VERO BEACH FL 32960					
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TITLE IAME INAME STREET ADDRESS CITY-ST-ZIP 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 informatic indicated on this report or supplemental corner 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 direct of the corner 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 direct of the corner 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 direct of the corner 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 direct of the corner 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 direct of the corner 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 direct of the corner is the corner 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 direct of the corner is the corner is the corner 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 direct of the corner is t	NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	Continue 440 07(0V) 51 11 0	- · -	

changed, or on an attachment with an andress, with all other like empowered

SIGNATURE: