

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
 03-12-2001 90497 042 ***150.00

0118047

DOCUMENT # F97125
 1. Entity Name
STEVEN D. TISHLER, P.A.

Principal Place of Business Mailing Address
 % STEVEN D. TISHLER % STEVEN D. TISHLER
 780 DUCK KEY DRIVE 780 DUCK KEY DRIVE
 DUCK KEY FL 33050 DUCK KEY FL 33050

00024509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
140 Porto Salvo Drive **PO BOX 609**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Islamorada, Florida **Islamorada, Florida**
 Zip Country Zip Country
33036 **USA** **33036** **USA**

4. FEI Number Applied For
59-2221151 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TISHLER, STEVEN D
780 DUCK KEY DRIVE
DUCK KEY FL 33050

7. Name and Address of New Registered Agent
 Name
Tishler, Steven D.
 Street Address (P.O. Box Number is Not Acceptable)
140 Porto Salvo Drive
 City State Zip Code
Islamorada **FL** **33036**

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: *Steven D. Tishler* DATE: **3-9-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TISHLER, STEVEN D 786 DUCK KEY DR. DUCK KEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven D. Tishler, Pres* 305 664-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/09/01 Daytime Phone #

CR2E034 (10/00)