2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3420 S OCEAN BLVD

G00492 DOCUMENT

1. Entity Name

Principal Place of Business

3420 \$ OCEAN BLVD

J. HAROLD KLOSHEIM & ASSOCIATES, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90122 044 ***150.00

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HIGHLAND BEACH FL 33487			HIGHLAN	HIGHLAND BEACH FL 33487				•	000	0 1 0	•	
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2. Principal Place of Business			3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4 EEI Number					
Zip Country			7:-	710				59-2219738		i	Not Applicable	
Country			Zip	Zip Cour		5. Certificate of Status Desi		ertificate of Status Desired	S8.75 Additional Fee Required			
	6. Name	and Address of Currer	nt Registered /	Agent			_7. Na	ame and Address of New Registe				
					Nai	me						
	M, J. HARO OCEAN BLV			Street Addres			s (P.O. Box Number is Not Acceptable)					
	ID BEACH F											
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8. The above	named entit	y submits this statement	for the purpose	of changing its r	egistered offic	ce or registere	ed ager	nt, or both, in the State of Florida. I		iliar with	and accept	
, the obliga	tions of regist	tered agent.				Ü	•		um ium		, and accept	
SIGNATURE												
and Facility	Signature, typed	or printed name of registered ager	nt and title if applicab	ele. (NOTE:	Registered Agent	signature required	when reins	stating) D	ATE			
F	ILE NOW!	!! FEE IS \$150.00)	. **	7.			A 5				
Afte Make Chec	r May 1, 200 k Payable to	3 Fee will be \$550.00 Florida Department) of State				ł	Election Campaign Financing Trust Fund Contribution.			00 May Be ed to Fees	
	a ³ -;	OFFICERS AND	1		11.		ADD	ITIONS/CHANGES TO OFFICERS	AND DI	RECTO	2S IN 11	
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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 Block 11 if changed, of on an axest ment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP