2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 AM
Secretary of State

DOCUMENT# H25587

Entity Name: SOL B. STISS, P.A.

Current Principal Place of Business:

17193 NEWPORT CLUB DRIVE
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

17193 NEWPORT CLUB DRIVE
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 59-2469533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STISS, SOL B.
17193 NEWPORT CLUB DRIVE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

STISS, SOL B PRES
17193 NEWPORT CLUB DRIVE
BOCA RATON, FL 33496 US

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: SOL B. STISS 03/11/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STISS, SOL B.,
Address: 17193 NEWPORT CLUB DRIVE
City-St-Zip: BOCA RATON, FL

Title: S ( ) Delete
Name: STISS, THERESE,
Address: 17193 NEWPORT CLUB DRIVE
City-St-Zip: BOCA RATON, FL

Title: T ( ) Delete
Name: STISS, SOL B.,
Address: 17193 NEWPORT CLUB DRIVE
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STISS, SOL B PRES
Address: 17193 NEWPORT CLUB DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: S (X) Change ( ) Addition
Name: STISS, THERESE SECR
Address: 17193 NEWPORT CLUB DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: T (X) Change ( ) Addition
Name: STISS, SOL B TREAS
Address: 17193 NEWPORT CLUB DRIVE
City-St-Zip: BOCA RATON, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOL B. STISS PRES 03/11/2002
Electronic Signature of Signing Officer or Director Date