FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90120 027 ***150.00

DOCUMENT # H87791

1. Entity Name: Reisman + Associates, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6975 NW 62 TER.	6975 NW 62 TER.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Parkland, FL	City & State: Parkland, FL
Zip: 33067 Country: US	Zip: 33067 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2605375 — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jonathon Reisman

Street Address (P.O. Box Number is Not Acceptable): 6975 NW 62 TER

City: Parkland Zip Code: 33067

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: Jon D Reisman (Jonathon D. Reisman) DATE

Signature required if printed name of registered agent and title if applicable. 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) ✓

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Jonathon Reisman
STREET ADDRESS	6975 NW 62 Ter
CITY-ST-ZIP	Parkland, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

Jon D Reisman (Jonathon D. Reisman) 4/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #