## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #



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

1. Entity N	T. ZAHALSKY, P.A.	U		01-15-2003 90172 013 ***150.00			
Principal Place of Business PALM TOWERS EXECUTIVE BLDG. 1343 MAIN ST. SARASOTA FL 34236		Mailing Address PALM TOWERS EXECUTIVE BLDG. 1343 MAIN ST. SARASOTA FL 34236		T 100 HILE SHIP COMP COMP CALCULATION AND SHOW GIVEN GROWN AND A SHOW	7 1007/15 21/1 007/8 5/1/2 00/6C 5/1/4 5/1/4 5/1/4 5/1/4 5/1/4 5/1/4 5/1/4 5/1/4 5/1/4 5/1/4 5/1/4 5/1/4 5/1/4		
2. Principa	Place of Business	3. Mailing Address					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			-11 I <b>98</b> 1		
City & State		City & State		4. FEI Number FQ-265 1496 Applied For			
Zip	Country	Zip	Country	59-2651486 Not App.	plicable		
	6. Name and Address of Current R			5. Certificate of Status Desired	al		
	The state of the s	egistered Agent		7. Name and Address of New Registered Agent			
PALM TO 1343 MA		پيس ي د د د معمد يې د اي	Street Add	dress (P.O. Box Number is Not Acceptable)	<b>*</b> ****		
SARASO	TA FL 34236		City				
8. The above	a named entity submits this statement for the	ne purpose of changing is	to an electrical first	FL Zip Code			
the obliga	tions of registered agent.	- Parpass or changing in	rs registered office of ted	egistered agent, or both, in the State of Florida. I am familiar with, and ac	ccept		
SIGNATURE	0						
	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered Agent signature re	required when reinstating) DATE	_		
Afte Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of S	tate		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee			
10.	OFFICERS AND DIF		11.				
TITLE	Ρ	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP	ZAHALSKY, ELLIOT T. 1343 MAIN ST. SARASOTA FL		NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ao	ddition		
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Ad	4400		
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	∐ Change ☐ Ad	IGIGION		
TITLE		☐ Delete	TITLE				
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ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi			
<ol><li>I hereby cer indicated or of the corpo changed, or</li></ol>	tify that the information supplied with this f this report or supplemental report is true ration or the receiver or trustee empowere on an attachment with an address, with al	iling does not qualify for t and accurate and that my d to execute this report as I other like empswered.	he exemption stated in S	n Section 119.07(3)(i). Florida Statutes, I further certify that the information he same legal effect as if made under oath; that I am an officer or directo 607, Florida Statutes; and that my name appears in Block 10 or Block 11	n Or		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR