

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90078 030 ***150.00

DOCUMENT # J17424

1. Entity Name

PRESSER, LAHNEN & EDELMAN, P.A.

Principal Place of Business

6622 SOUTHPOINT DR SO
SUITE 495
JACKSONVILLE FL 32216
US

Mailing Address

6622 SOUTHPOINT DR.. S #495
P. O. BOX 550507
JACKSONVILLE FL 32255-0507
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 550507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32255-0507 US

4. FEI Number

59-2682134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESSER, EDWIN
4417 BEACH BLVD
STE 310 BROWARD BLDG
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STD	PRESSER, NEIL N.	6622 SOUTHPOINT DR. S.	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	LAHNEN, WILLIAM R., JR.	6622 SOUTHPOINT DR. S.	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	EDELMAN, DANIEL M.	6622 SOUTHPOINT DR.,S.	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	HERNDON, RANDALL L.	6622 SOUTHPOINT DR. S.	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	RANES, JOHN W J	6622 SOUTHPOINT DR S	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00
Date

904 296-9333
Daytime Phone #

CR2E034 (9/99)