

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90221 027 ***150.00

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DOCUMENT # J57986

1. Entity Name
MICHAEL J. KESSLER, P.A.



Principal Place of Business
**302 S. 2ND ST.
SUITE 202
FT. PIERCE FL 34950
US**

Mailing Address
**302 S. 2ND ST.
FT. PIERCE FL 34950
US**



2. Principal Place of Business
**200 South Indian River Drive
Suite, Apt. #, etc.
201
City & State
Fort Pierce, FL
Zip Country
34950 US**

3. Mailing Address
**200 Indian River Drive
Suite, Apt. #, etc.
201
City & State
Fort Pierce, FL
Zip Country
34950 US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2753674**

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

**KESSLER, MICHAEL J.
302 S. 2ND ST.
FT. PIERCE FL 34950**

Name
Kessler, Michael J.
Street Address (P.O. Box Number is Not Acceptable)
200 South Indian River Drive, Suite 201
City
Fort Pierce **FL** Zip Code
34950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
KESSLER, MICHAEL J.
302 S. 2ND ST.
FT. PIERCE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
Kessler, Michael J.
200 South Indian River Drive, #201
Fort Pierce, FL 34950** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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

SIGNATURE:

Michael J. Kessler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

772 466 4900

Date

Daytime Phone #

CR2E034 (10/02)