

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J92835

1. Entity Name
ABRAMSON, YOUNG, BROOKS & PEFKA, P.A.

Principal Place of Business
1860 FOREST HILL BLVD.
SUITE 201
W PALM BEACH FL 33406

Mailing Address
1860 FOREST HILL BLVD.
SUITE 201
W PALM BEACH FL 33406

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

YOUNG, STUART
#201
1860 FOREST HILL BLVD.
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE S
NAME PEFKA, DAVID
STREET ADDRESS 1860 FOREST HILL BLVD., SUITE 201
CITY-ST-ZIP W PALM BEACH FL ☐ Delete

TITLE T
NAME BROOKS, ELLIOT R.
STREET ADDRESS 1860 FOREST HILL BLVD
CITY-ST-ZIP W PALM BEACH FL ☐ Delete

TITLE PD
NAME YOUNG, STUART A.
STREET ADDRESS 1860 FOREST HILL BLVD., #201
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE: [Signature] **REQUIRED** Date 1-7-02 Daytime Phone # 561-433-4200

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90005 024 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)