

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K02714

1. Entity Name

RICHARD F. PINKIERT, C.P.A., P.A.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90002 041 ***150.00

Principal Place of Business

2 SOUTH UNIVERSITY DRIVE
SUITE 327
PLANTATION FL 33324
US

Mailing Address

7741 ROCKFORD RD
~~3337 NORTH ANDREWS AVENUE~~
BOYNTON BEACH FL 33437-2521
US

2. Principal Place of Business

3. Mailing Address

7741 Rockford Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH, FLA.

4. FEI Number

65-0014728

Applied For

Not Applicable

Zip

Country

Zip

Country

33437

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

PINKIERT, RICHARD F.
2 SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324

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 ☐ Delete
NAME PD
STREET ADDRESS PINKIERT, RICHARD F.
CITY-ST-ZIP 2 SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12/31/99 (954) 472-2144
Date Daytime Phone #