9/15/2003-90154-043-$150.00-$150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 24 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53818

1. Entity Name
JEROME I. SHATSKY, P.A.

[redacted]

Principal Place of Business	Mailing Address
~~5867 NW 118 DR~~	~~5867 NW 118 DR~~
~~CORAL SPRINGS FL 33076~~	~~CORAL SPRINGS FL 33076~~
US	US

☐ CHECK HERE IF MAKING CHANGES 03

2. Principal Place of Business	3. Mailing Address
6326 NW 78 PLACE	6326 NW 78 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PARKLAND, FL	City & State: PARKLAND FL
Zip: 33067-2474 Country:	Zip: 33067-2474 Country:

4. FEI Number 65-0090922 ☐ 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
SHATSKY, JEROME I.	Name
~~5867 NW 118 DR~~ 6326 NW 78 PLACE	Street Address (P.O. Box Number is Not Acceptable)
~~CORAL SPRINGS FL 33076~~	
PARKLAND, FL 33067-2474	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	PVDS SHATSKY, JEROME I. ~~415 G VENETIAN DRIVE~~ ~~DELRAY BEACH FL 33483~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6326 NW 78 PLACE PARKLAND FL 33067-2474
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LAPHAM, SUSAN D ~~415 G VENETIAN DRIVE~~ ~~DELRAY BEACH FL 33483~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Same.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700023300[illegible] ☐ Addition 09/24/03--01063--004 **400.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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: X SIGNATURE REQUIRED 9/9/03 954-753-8264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #