

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90116 036 ***150.00

036647 AV

DOCUMENT # L73980

1. Entity Name
LAW OFFICES OF GLEN J. TORCIVIA, P.A.

Principal Place of Business

1800 AUSTRALIAN AVE S
SUITE 205
W PALM BEACH FL 33409

Mailing Address

1800 AUSTRALIAN AVE S
SUITE 205
W PALM BEACH FL 33409

2. Principal Place of Business

701 Northpoint Parkway

Suite, Apt. #, etc.

Suite 209

City & State

West Palm Beach, Florida

Zip
33407

Country
USA

3. Mailing Address

701 Northpoint Parkway

Suite, Apt. #, etc.

Suite 209

City & State

West Palm Beach, Florida

Zip
33407

Country
USA

4. FEI Number

65-0195026

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TORCIVIA, GLEN J.
250 AUSTRALIAN AVE S
SUITE 1504
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Glen J. Torcivia

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

Northpoint Corporate Center

701 Northpoint Parkway Suite 209

City

West Palm Beach, FL

FL

Zip Code

33407

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, 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 **D** ☐ Delete
NAME **TORCIVIA, GLEN J**
STREET ADDRESS **2909 CAFFIA WY**
CITY-ST-ZIP **W PALM BEACH FL 33409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date

Daytime Phone #

1-8-02 (561) 686-8700

CR2E034 (9/01)