

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91176 042 ***150.00



DOCUMENT # L77975

1. Entity Name
PETER S. SCHWEDOCK, ATTORNEY AT LAW, P.A.

Principal Place of Business
**28 W. FLAGLER ST.
SUITE 800
MIAMI FL 33130**

Mailing Address
**28 W. FLAGLER ST.
SUITE 800
MIAMI FL 33130**

2. Principal Place of Business
**PETER S. SCHWEDOCK, PA
44 W. FLAGLER STREET
SUITE 2400
MIAMI, FL 33130**

3. Mailing Address
**PETER S. SCHWEDOCK, PA
44 W. FLAGLER STREET
SUITE 2400
MIAMI, FL 33130**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0191805**
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 | |
|--|--|--|--------------------|
| SCHWEDOCK, PETER S. 44 W. FLAGER ST STE 2400 MIAMI FL 33130 | | 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. I am familiar with, and accept the obligations of registered agent.

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

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 | D SCHWEDOCK, PETER S. 28 W. FLAGLER ST MIAMI FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *[Signature]* SIGNATURE REQUIRED
Date: **4/29/03** Daytime Phone #: **305-379-8435**

CR2E034 (10/02)