

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90147 032 ***150.00

DOCUMENT # M02257

1. Entity Name
SPITZER, SCHWARTZ AND OTEY, PROFESSIONAL ASSOCIA

Principal Place of Business 6148 ROSE TERRACE PLANTATION FL 33317 US	Mailing Address 6148 ROSE TERRACE PLANTATION FL 33317 US
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918719



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2419937	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OTEY, JEANNIE W.
 6299 W SUNRISE BLVD., SUITE 110
 SUNRISE FL 33313**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6148 ROSE TERRACE

City **PLANTATION** FL Zip Code **33317**

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 *Jeannie W. Otey* **JEANNIE W. OTEY** 2-5-01
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, 2001 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 NAME V SCHWARTZ, MARVIN STREET ADDRESS 4931 FILMORE ST. CITY-ST-ZIP HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME PD OTEY, JEANNIE W. STREET ADDRESS 6148 ROSE TERR. CITY-ST-ZIP PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME S JOHNSON, DEBRA STREET ADDRESS 1632 MCKINLEY STREET CITY-ST-ZIP HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME V CARLBERG, KATHLEEN STREET ADDRESS 3351 SW 21 ST CITY-ST-ZIP FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME T SOMERS, LAURIE STREET ADDRESS 845 SW 13TH CT CITY-ST-ZIP POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Jeannie W. Otey* **JEANNIE W. OTEY** 2/5/01 (OSF) 581-8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)