

05-27-2002 90444 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MO2257**
 1. Entity Name
SPITZER, SCHWARTZ + OTEY, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6148 ROSE TERR Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
City & State PLANTATION, FL	City & State
Zip 33317-1831 Country US	Zip Country

4. FEI Number
59-249937

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **JEANNIE W OTEY**

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

City **PLANTATION** FL Zip Code **33317-1831**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	P/D OTHEY, JEANNIE W. 6148 ROSE TERR, PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, DEBRA A. 1946 FUNSTON ST. #3 HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeannie W. Otey** **JEANNIE W. OTEY** **4/26/02** **(954) 581-8368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)