**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2001 8:00 am Secretary of State **DOCUMENT # M99166** 1. Entity Name W. J. (JACK) SURMAN, JR., C.P.A., P.A. 05-01-2001 90046 003 \*\*\*150.00 Principal Place of Business Mailing Address 980 N. FEDERAL HWY., SUITE 312 980 N. FEDERAL HWY., SUITE 312 **BOCA RATON FL 33432** 044040 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0072391 Not Applicable Country Zip Country Zip \$8.75-Additional 5. Certificate of Status Desired ---.... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SURMAN, W. J. (JACK) JR. Street Address (P.O. Box Number is Not Acceptable) 406 S.W. 7TH TERRACE **BOCA RATON FL 33486** City 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. SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME SURMAN, WILLIAM J JR. STREET ADDRESS STREET ADDRESS 980 N FEDERAL HWY, STE. 312 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP =\_ ☐ Addition ☐ Chance TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete f ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 | Devime Phone #