

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90310 041 \*\*\*150.00

0375900 AV

**DOCUMENT # P00000008229**

1. Entity Name  
**LAW OFFICES OF SCOTT A. MERSKY, P.A.**



Principal Place of Business  
**224 DATURA STREET  
STE. 808  
WEST PALM BEACH FL 33401**

Mailing Address  
**224 DATURA STREET  
STE. 808  
WEST PALM BEACH FL 33401**



2. Principal Place of Business  
**224 Datura Street**

3. Mailing Address  
**224 Datura Street**

Suite, Apt. #, etc.  
**Ste. 1308**

Suite, Apt. #, etc.  
**Ste. 1308**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**West Palm Beach, FL.**

City & State  
**West Palm Beach, FL.**

4. FEI Number  
**65-0980935**

Applied For  
Not Applicable

Zip  
**33401**

Country

Zip  
**33401**

Country

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

**6. Name and Address of Current Registered Agent**

**MERSKY, SCOTT A  
224 DATURA STREET  
STE. 808  
WEST PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

Name **Mersky, Scott A**  
Street Address (P.O. Box Number is Not Acceptable)  
**224 DATURA STREET  
STE. 1308  
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE **D** ☒ Delete  
NAME **MERSKY, SCOTT A**  
STREET ADDRESS **224 DATURA STREET #808**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Change ☐ Addition  
NAME **MERSKY, SCOTT A**  
STREET ADDRESS **224 DATURA STREET #1308**  
CITY-ST-ZIP **WEST PALM BEACH, FL. 33401**

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

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)