

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-08-2001 90179 025 ***150.00

DOCUMENT # P0000000823

1. Entity Name
PAUL M. VOLMERT, P.A.

Principal Place of Business

Mailing Address

1001 SE 16TH STREET
 SUITE 15
 FORT LAUDERDALE FL 33316

1001 SE 16TH STREET
 SUITE 15
 FORT LAUDERDALE FL 33316

714326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1975 East Sunrise Blvd

1975 East Sunrise Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 523

Suite 523

City & State

City & State

Fort Lauderdale Florida

Fort Lauderdale Florida

4. FEI Number

Applied For

65-0985152

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

33304

USA

33304

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLMERT, PAUL M ESQ.
 1001 SE 16TH STREET
 SUITE 15
 FORT LAUDERDALE FL 33316

Name

Paul M. Volmert Esq.

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

1975 East Sunrise Blvd, Suite 523

City

Fort Lauderdale

FL

Zip Code

33304

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)

01/05/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
D VOLMERT, PAUL M ESQ. 1001 SE 16TH STREET, SUITE 15 FORT LAUDERDALE FL 33316	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Volmert, Paul M Esq. 1975 East Sunrise Blvd, Suite 523 Fort Lauderdale, Florida 33304	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>

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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/02 954-525-0026
 Date Daytime Phone #

CRE034 (10/00)