

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90143 002 ***150.00

DOCUMENT # P00000018947

1. Entity Name
ROSS FIRTELL, P.A.



Principal Place of Business
23168 VIA STEL
BOCA RATON FL 33433

Mailing Address
23168 VIA STEL
BOCA RATON FL 33433

2. Principal Place of Business

2135 NW 17 STREET

3. Mailing Address

2135 NW 17 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

65-0989586

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRTELL, ROSS ESQ

23168 VIA STEL

BOCA RATON FL 33433

Name

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

2135 NW 17 STREET

City

DELRAY BEACH

FL

Zip Code

33445

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

ROSS FIRTELL, PRESIDENT & REGISTERED AGENT

3/28/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **FIRTELL, ROSS**
STREET ADDRESS **23168 VIA STEL**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **FIRTELL, ROSS** **ADDRESS**
STREET ADDRESS **2135 NW 17 STREET**
CITY-ST-ZIP **DELRAY Bch, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

ROSS FIRTELL, PRES.

3/28/03

(561) 271-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)