

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90788 003 ***150.00

DOCUMENT # P00000056935
1. Entity Name
PALEN & HOCHBERG, PROFESSIONAL ASSOCIATION



Principal Place of Business
606 N OLIVE AVE
WEST PALM BEACH FL 33401

Mailing Address
606 N OLIVE AVE
WEST PALM BEACH FL 33401



2. Principal Place of Business
215 N Olive Ave
Suite, Apt. #, etc.
118
City & State
West Palm Beach, FL
Zip
33401
Country
USA

3. Mailing Address
215 N Olive Ave
Suite, Apt. #, etc.
118
City & State
West Palm Beach, FL
Zip
33401
Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1009185
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PALEN, FRANK S
606 N OLIVE AVE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name **Palen, Frank S.**
Street Address (P.O. Box Number is Not Acceptable) **215 N Olive Ave**
Suite 118
City **West Palm Beach** **FL** **Zip Code** **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALEN, FRANK S 606 N OLIVE AVE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCHBERG, ROBERT N 606 N OLIVE AVE WEST PALM BEACH FL 33401	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Palen, Frank S. 215 N Olive Ave, Suite 118 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Hochberg, Robert N 215 N Olive Ave, Suite 118 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank S. Palen, VP **4/10/03** **561-653-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)