

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90081 028 ***150.00

DOCUMENT # P00000059978

1. Entity Name
ERIC S. GLATTER, P.A.

Principal Place of Business
5295 TOWN CENTER RD.
301
BOCA RATON FL 33486

Mailing Address
5295 TOWN CENTER RD.
301
BOCA RATON FL 33486

B0084072



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1489 W. Palmbeach Park Rd

3. Mailing Address
1489 W. Palmbeach Park Rd

Suite, Apt. #, etc.
Suite 497

Suite, Apt. #, etc.
Suite 497

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **65-1046011**

Applied For
 Not Applicable

Zip
33486

Country
Palm Beach

Zip
33486

Country
Palm Beach

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

GLATTER, ERIC S ESQ.
5295 TOWN CENTER RD.
SUITE 301
BOCA RATON FL 33486

Name
Eric Glatter

Street Address (P.O. Box Number is Not Acceptable)
1489 W. Palmbeach Park Rd Ste 497

City **Boca Raton** **FL** Zip Code **33486**

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)

4/11/02
 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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
GLATTER, ERIC S ☐ Delete
5295 TOWN CENTER ROAD
BOCA RATON FL 33486

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
Glatter, Eric S ☒ Change ☐ Addition
1489 W. Palmbeach Park Rd, Ste 497
Boca Raton, FL 33486

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

Daytime Phone #

4/11/02 **161-391-3369**

CP2E034 (9/01)