

2001 UNIFORM BUSINESS REPORT (UBR)

4/30.

FILED
May 19, 2001 8:00 am
Secretary of State

04-30-2001 90056 011 ***150.00

DOCUMENT # P00000062897

1. Entity Name

P.J. SHEPTAK, P.A.

Principal Place of Business

Mailing Address

~~250 ROYAL WAY~~
~~SUITE 300~~
~~PALM BEACH FL 33480~~

~~250 ROYAL WAY~~
~~SUITE 300~~
~~PALM BEACH FL 33480~~

2. Principal Place of Business

c/o Edwards & Angell, LLP

3. Mailing Address

c/o Edwards & Angell, LLP

Suite, Apt. #, etc. **Suite 400**
One North Clematis Street

Suite, Apt. #, etc. **Suite 400**
One North Clematis Street

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip **33401**

Country

USA

Zip **33401**

Country

USA

4. FEI Number

65-1024185

Applied for

Not Applicable

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

~~ANGELL CORPORATE SERVICES, INC.~~

~~250 ROYAL WAY~~

~~SUITE 300~~

~~PALM BEACH FL 33480~~

Name

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

c/o Edwards & Angell, LLP

One North Clematis Street, Suite 400

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.

ANGELL CORPORATE SERVICES, INC.

SIGNATURE

Signature based on printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/2001

DATE

JONATHAN E. COLE, PRESIDENT

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 **DP** ☐ Delete
 NAME **SHEPTAK, PETER J**
 STREET ADDRESS **250 ROYAL WAY SUITE 300**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DPST** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **One North Clematis Street, Suite 400**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

PETER J. SHEPTAK, PRESIDENT

4/23/2001 561-833-7700

Date

Daytime Phone #

CR2E034 (10/00)