

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90055 031 ***150.00

DOCUMENT # **P00000073984**

1. Entity Name

LAW OFFICES OF HOWARD S. DARGAN, P.A.



Principal Place of Business
555 S. FEDERAL HIGHWAY #270
BOCA RATON FL 33432

Mailing Address
14942 PADDOCK DRIVE
WELLINGTON FL 33414

30011270



2. Principal Place of Business

14942 Paddock Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wellington, Florida

Zip
33414

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1030351**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DARGAN, HOWARD S
555 S. FEDERAL-HIGHWAY #270
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **Howard S. Dargan**

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

14942 Paddock Dr

City **Wellington, FL** Zip Code **33414**

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 **Howard S. Dargan, Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARGAN, HOWARD 555 S. FEDERAL HIGHWAY, #270 BOCA RATON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 14942 Paddock Drive Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED
Howard S. Dargan, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03 (511) 379-2045

CR2E034 (10/02)