

SENT BY: ACCOUNTING FIRM;

9544743839;

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90057 033 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P000 00075036**

1. Entity Name **STEVEN W. EFFMAN, P.A.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**8000 PETERS RD.
PLANTATION, FLA.**

3. Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

33324 BROWARD

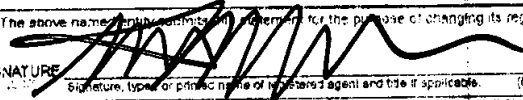
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City & State

4. FEI Number **65-1033852** Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **STEVEN W. EFFMAN**
Street Address **8000 PETERS RD SUITE 200**
PLANTATION FL Zip **33324**

8. The above named entity consents and agrees for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  DATE **5/1/02.**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) **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
TITLE **OWNER/PRES/DIR**
NAME **STEVEN W. EFFMAN**
STREET ADDRESS **8000 PETERS RD, PLANTATION**
CITY - ST - ZIP **FLA 33324**

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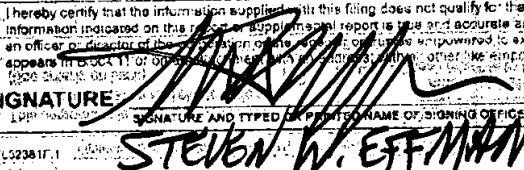
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13. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or a person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in block 11 of this report.

SIGNATURE  DATE **5-1-02 (ASA) 474-5055**

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**