

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90132 023 ***150.00

DOCUMENT # P00000097038

1. Entity Name
ROGER FUTERMAN, P.A.



Principal Place of Business
6560 FIRST AVE NORTH
ST PETERSBURG FL 33710

Mailing Address
6560 FIRST AVE NORTH
ST PETERSBURG FL 33710

2. Principal Place of Business
13620 49TH ST. N.

3. Mailing Address
13620 49TH ST. N.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

☒ **CHECK HERE IF MAKING CHANGES**

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number
59-3678410

Applied For
Not Applicable

Zip
33762

Country
ARIZONA

Zip
33762

Country
ARIZONA

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

6. Name and Address of Current Registered Agent

FUTERMAN, ROGER
6560 FIRST AVE NORTH
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name
FUTERMAN, ROGER
Street Address (P.O. Box Number is Not Acceptable)
13620 49TH ST. N.
SUITE 201
City
CLEARWATER **FL** **Zip Code**
33762

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 *Roger Futerman* **OWNER**

04/04/03

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 FUTERMAN, ROGER
6560 FIRST AVE NORTH
ST PETERSBURG FL 33710

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
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CITY-ST-ZIP
☐ **Change** ☐ **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: *SKIPPED* **OWNER**

04/04/03 727 344 5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)