

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90032 012 ***150.00

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DOCUMENT # P01000018730

1. Entity Name
ALAN R. SANDLER, P.A.

Principal Place of Business Mailing Address
633 FRANKLIN ST. STE 725 **633 FRANKLIN ST. STE 725**
TAMPA FL 33602 **TAMPA FL 33602**

BU104538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
205 S. Dale Mabry Hwy. **205 S. Dale Mabry Hwy.**

City & State City & State 4. FEI Number Applied For
Tampa Florida **Tampa Florida** **59-3711394** Not Applicable
 Zip Country Zip Country
33609 **USA** **33609** **USA**

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**
SANDLER, ALAN R Name **Sandler, Alan R.**
633 FRANKLIN ST, STE 725 Street Address (P.O. Box Number is Not Acceptable) **205 S. Dale Mabry Hwy**
TAMPA FL 33602 City **Tampa** FL Zip Code **33609**

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 **ALAN R. SANDLER** DATE **4/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **ALAN R. SANDLER** DATE **4/25/02** DAYTIME PHONE # **(813) 871-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)