2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State
03-19-2002 90014 040 ***150.00

DOCUMENT # P01000034056

1. Entity Name
GROELLE & SALMON, P.A.

Principal Place of Business	Mailing Address
550 SW 9TH AVE. BOCA RATON FL 33486	550 SW 9TH AVE. BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2925 Tenth Ave. North		2925 Tenth Ave. North	
Suite, Apt. #, etc.: Ste. 302		Suite, Apt. #, etc.: Ste. 302	
City & State: Lake Worth, FL		City & State: Lake Worth, FL	
Zip: 33461	Country: USA	Zip: 33461	Country: USA

4. FEI Number 65-1093512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALMON, DAVID J
550 SW 9TH AVE.
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name SALMON, DAVID J.
Street Address (P.O. Box Number is Not Acceptable) 2925 Tenth Ave. North
Suite 302
City Lake Worth FL Zip Code 33461

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 [signature] David J. Salmon, V-P 1-03-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 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 STREET ADDRESS CITY-ST-ZIP	PTD GROELLE, ROBERT C ~~~~[struck]~~~~ ~~2925 Tenth Avenue North~~ WELLINGTON FL 33414 ~~Lake Worth, FL 33461~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Robert Groelle 2925 Tenth Avenue North - Suite 302 Lake Worth, FL 33461 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SALMON, DAVID J 550 SW 9TH AVE. BOCA RATON FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] David J. Salmon V-P 1-03-02 561-963-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)