

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90106 025 ***150.00

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DOCUMENT # P01000041784

1. Entity Name
ROBERT H. SPRINGER, P.A.



Principal Place of Business
**3003 S. CONGRESS AVE., STE. 1E
PALM SPRINGS FL 33461**

Mailing Address
**3003 S. CONGRESS AVE., STE. 1E
PALM SPRINGS FL 33461**



2. Principal Place of Business
2290 10TH AVE NORTH

3. Mailing Address
2290 10TH AVE NORTH

Suite, Apt. #, etc.
SUITE 406

Suite, Apt. #, etc.
SUITE 406

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

Zip
33461

Country
USA

Zip
33461

Country
USA

4. FEI Number **65-1098491**

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPRINGER, ROBERT H
3003 S. CONGRESS AVE., STE. 1E
PALM SPRINGS FL 33461**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2290 10TH AVE NORTH
SUITE 406
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SPRINGER, ROBERT H**
STREET ADDRESS **3003 S. CONGRESS AVE., STE. 1E**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **2290 10TH AVE NORTH**
STREET ADDRESS **SUITE 406 LAKE WORTH FL 33461**
CITY-ST-ZIP **33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-2-03** 561 4323232
Daytime Phone #

CR2E034 (10/02)