

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90229 032 ***150.00

DOCUMENT # P01000044457

1. Entity Name
BOLDT & ASSOCIATES, P.A.

Principal Place of Business
SUNTRUST CENTER, STE. 850
515 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address
SUNTRUST CENTER, STE. 850
515 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1101107

Applied For

Not Applicable

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

BOLDT, KIMBERLY L ESQ.
SUNTRUST CENTER, STE. 850
515 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **BOLDT, KIMBERLY L**
 STREET ADDRESS **515 E. LAS OLAS BLVD., STE. 850**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 3, 2002

Date

Daytime Phone #

CR2E034 (4/02)

LAW OFFICES
BOLDT & ASSOCIATES, P.A.
SUNTRUST CENTER, SUITE 850
515 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FLORIDA 33301

TELEPHONE (954) 766-9930
FACSIMILE (954) 766-9937

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED DATE 05-01-2001 BY 60322 UCBAW