

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90048 016 ***150.00

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1. Entity Name
DOUGLAS K. BISCHOFF, P.A.



Principal Place of Business
200 E. LAS OLAS BLVD.
SUITE 1660
FORT LAUDERDALE, FL 33301

Mailing Address
9879 NE 13TH AVENUE
MIAMI SHORES, FL 33138

2. Principal Place of Business
1510 SE 17TH ST. CAUSEWAY

3. Mailing Address

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State

01122004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1121550

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

BISCHOFF, DOUGLAS K
200 E. LAS OLAS BLVD.
SUITE 1660
FORT LAUDERDALE, FL 33301

Name

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

1510 SE 17TH ST. CAUSEWAY

SUITE 300

City
FT. LAUDERDALE

FL

Zip Code
33316

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.

DOUGLAS K. BISCHOFF, PRESIDENT

1-28-04

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS BISCHOFF, DOUGLAS K
CITY-ST-ZIP 200 E. LAS OLAS BLVD, SUITE 1660
FT LAUDERDALE, FL 33301 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1510 SE 17TH ST. CAUSEWAY, SUITE 300
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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:

DOUGLAS K. BISCHOFF

1-28-04

954-522-6635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #