2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 01 0000 76396

1. Entity Name

ANDREW S. POLLACK P.A. ✓

80006841

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9829 NW 64TH PLACE

3. Mailing Address
9829 NW 64th place

Suite, Apt. #, etc.   Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
65-1138963

Applied For

Not Applicable

Zip
33076

Country
U.S.A

Zip
33076

Country
USA

5. Certificate of Status Desired ☐

DO NOT WRITE IN THIS SPACE

$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
ANDREW POLLACK

DO NOT WRITE
IN THIS SPACE

Street Address (P.O. Box Number is Not Acceptable)
9829 NW 64TH PLACE

City
CORAL SPRINGS

FL

Zip Code
33071

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 1/25/2003

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 **P** NAME ANDREW POLLACK STREET ADDRESS 9829 NW 64TH PLACE CITY-ST-ZIP CORAL SPRINGS, FL. 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✗ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03
Date   Daytime Phone #