

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90061 045 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000113206			
1. Entity Name MARC PRESSEL, P.A.			
Principal Place of Business 5775 GRAND HARBOUR CIR. BOYNTON BEACH, FL 33437		Mailing Address 5775 GRAND HARBOUR CIR. BOYNTON BEACH, FL 33437	
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 65-1156476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent PRESSEL, MARC 5775 GRAND HARBOUR CIR. BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when registering)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$81.26 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESSEL, MARC 5775 GRAND HARBOUR CIR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		8/22/03 561-705-6443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR21E034 (10/02)

Attachment

80146206

P01000113206

To Whom It May Concern:

Re: Marc Pressel PA

Please be advised that my wife is chronically ill with a very serious case of Muscular sclerosis and has been having a large amount of medical care and hospitalizations. In addition her condition has worsened to the point that in order for me to work, I have needed to use a Nurse Home Health Aide, which is not covered by any insurance.

Needless to say, the pressure financially as well as personally has been tremendous and I have found it difficult to keep a track of a number of obligations. To add additional financial pressure (in the form of the late fee of an additional \$400) would be especially hard, and would affect my ability to take care of my wife's medical needs. Her medications are numerous.

Please take this letter as a plea to forgive the late fee. I am enclosing the \$150- fee and assure you that I will be on time in the future.

Sincerely yours,


Marc A. Pressel