

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


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90089 009 ***150.00

CP200150 AV

DOCUMENT # P02000018486

1. Entity Name
THERO & RIECKS, P.A.



Principal Place of Business
**1803 AUSTRALIAN AVENUE S.
SUITE "G"
WEST PALM BEACH FL 33409**

Mailing Address
**1803 AUSTRALIAN AVENUE S.
SUITE "G"
WEST PALM BEACH FL 33409**

11008492



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THERO, ALLISON M
1803 AUSTRALIAN AVENUE S.
SUITE "G"
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name **RIECKS, JAMES D**

Street Address (P.O. Box Number is Not Acceptable)
**1803 Australian Avenue S.
Suite "G"**

City **West Palm Beach** FL Zip Code **33409**

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]* **DRL** DATE **4-11-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete
NAME	THERO, ALLISON M
STREET ADDRESS	P.O. BOX 1814
CITY-ST-ZIP	WEST PALM BEACH FL 33461
TITLE	D <input type="checkbox"/> Delete
NAME	RIECKS, JAMES D
STREET ADDRESS	P.O. BOX 1814
CITY-ST-ZIP	WEST PALM BEACH FL 33461
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thero, Allison
STREET ADDRESS	1803 Australian Avenue S. Suite "G"
CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIECKS, JAMES, D
STREET ADDRESS	1803 Australian Ave S. Suite "G"
CITY-ST-ZIP	West Palm Beach FL 33409
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** DATE **4-11-03** DAYTIME PHONE # **(561) 649-1162**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CP2E034 (10/02)