

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90163 043 ***150.00

DOCUMENT # **P02000029773**

1. Entity Name

NOSKA & VASTOLA, P.A.



Principal Place of Business

**250 AUSTRALIAN AVE SOUTH, STE 1550
W PALM BCH FL 33401**

Mailing Address

**250 AUSTRALIAN AVE SOUTH, STE 1550
W PALM BCH FL 33401**

2. Principal Place of Business

250 AUSTRALIAN AVE. SOUTH

3. Mailing Address

250 AUSTRALIAN AVE. SOUTH

Suite, Apt. #, etc.

1404

Suite, Apt. #, etc.

1404

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

41-2033607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VASTOLA, JEFF D

**250 AUSTRALIAN AVE SOUTH, STE 1550
W PALM BCH FL 33401**

7. Name and Address of New Registered Agent

Name

JEFF D. VASTOLA

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

250 AUSTRALIAN AVENUE SOUTH

SUITE 1404

City

WEST PALM BEACH

FL

Zip Code

33401

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

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 **P** ☐ Delete
NAME **NOSKA, FRANK**
STREET ADDRESS **250 AUSTRALIAN AVE SOUTH, STE 1550**
CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE **V** ☐ Delete
NAME **VASTOLA, JEFF**
STREET ADDRESS **250 AUSTRALIAN AVE SOUTH, STE 1550**
CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ 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 REQUIRED VASTOLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03
Date

561-721-2500
Daytime Phone #

CR2E034 (10/02)