

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91079 030 ***150.00

DOCUMENT # P02000031332



1. Entity Name
GREGORY TENDRICH, P.A.

Principal Place of Business
**4594 PINE TREE DR.
BOYNTON BEACH FL 33436**

Mailing Address
**4594 PINE TREE DR.
BOYNTON BEACH FL 33436**



2. Principal Place of Business
3652 S. Seacrest Blvd.
Suite, Apt. #, etc.

3. Mailing Address
3652 S. Seacrest Blvd.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number
90-0015721

Applied For
Not Applicable

Zip
33435

Country

Zip
33435

Country

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

**TENDRICH, GREGORY
4594 PINE TREE DR.
BOYNTON BEACH FL 33436**

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 signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P TENDRICH, GREGORY 4594 PINE TREE DR. BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
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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: **SIGNATURE REQUIRED** Gregory Tendrich
President

3/12/03 561-733-5113
Date Daytime Phone #

CR2E034 (10/02)