

FROM :

FAX NO. : 7277842225

Sep. 25 2003 03:17PM P2

FILED


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 OCT 13 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043516

1. Entity Name
SHAY ADELMAN, P.A.



Principal Place of Business
**1756 WISCONSIN AVE
PALM HARBOR FL 34683**

Mailing Address
**1756 WISCONSIN AVE
PALM HARBOR FL 34683**

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

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

City & State
City & State

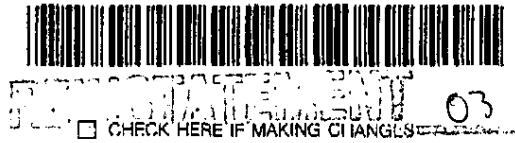
Zip
Country

Zip
Country

4. FEI Number
59-3692298

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**ADELMAN, SHAY
1756 WISCONSIN AVE
PALM HARBOR FL 34683**

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 *[Signature]* DATE **10-10-03**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 ADELMAN, SHAY 1756 WISCONSIN AVE PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500023738555 10/13/03--01012--002 **150.00
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
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
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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: *[Signature]* DATE **10-10-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 5, 2003

**State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**Re: Shay Adelman, P.A.
Document Number P02000043516**

Dear Sir or Madam:


It has been brought to my attention the Uniform Business Report for Shay Adelman, P.A. has not been filed with your office for the calendar year 2003.

The original 2003 Uniform Business Report was not delivered to my office. In addition, this is the second year I have been incorporated and I was not aware of the annual filing requirement.

Please accept my check in the amount of \$150.00 for 2003 representing the annual report fee and abate the penalty.

I appreciate your cooperation.

Sincerely,


**Shay Adelman
President**