


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90150 008 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT #</b> P02000070973                 |  |
| <b>1. Entity Name</b><br>FRED W. MATTLIN, P.A. |   |

55041286

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>19945 BOCA WEST DRIVE<br>UNIT 3142<br>BOCA RATON FL 33434 | <b>Mailing Address</b><br>19945 BOCA WEST DRIVE<br>UNIT 3142<br>BOCA RATON FL 33434 |
|---|---|



|   |  |
|---|--|
| <b>2. Principal Place of Business</b><br>1900 GLADES ROAD<br>Suite, Apt. #, etc.<br>SUITE 357<br>City & State<br>BOCA RATON, FL<br>Zip<br>33431<br>Country<br>USA | <b>3. Mailing Address</b><br>SAME<br>Suite, Apt. #, etc.<br>City & State<br>City<br>Zip<br>Country |
|---|--|

☐ CHECK HERE IF MAKING CHANGES

|   |   |
|---|---|
| <b>4. FEI Number</b> 45-0481470   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required |   |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br>MATTLIN, FRED W<br>19945 BOCA WEST DRIVE<br>UNIT 3142<br>BOCA RATON FL 33434 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>1900 GLADES ROAD<br>SUITE 357<br>City BOCA RATON FL Zip Code 33431 |
|--|--|

**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** Fred W. Mattlin **DATE** 4-23-03

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

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State | <b>9. Election Campaign Financing</b><br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MATTLIN, FRED W<br>19945 BOCA WEST DRIVE UNIT 3142<br>BOCA RATON FL 33434 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 1900 GLADES ROAD, SUITE 357<br>BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Fred W. Mattlin **DATE** 4-23-03 **Daytime Phone #** (561) 620-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)