

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000097731**

1. Entity Name  
UNGER, KOWITT, LOCKWOOD & LEHRMAN, P.A.



Principal Place of Business  
1801 N PINE ISLAND RD STE 101  
PLANTATION, FL 33322

Mailing Address  
1801 N PINE ISLAND RD STE 101  
PLANTATION, FL 33322



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
22-3769208

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LOCKWOOD, ANDREW  
TWO S UNIVERSITY DR STE 312  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LOCKWOOD, ANDREW
STREET ADDRESS	1801 N PINE ISLAND RD STE 101
CITY-STATE-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	UNGER, KEVIN
STREET ADDRESS	1801 N PINE ISLAND RD STE 101
CITY-STATE-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	LEHRMAN, SETH
STREET ADDRESS	1801 N PINE ISLAND RD STE 101
CITY-STATE-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000007422  
01/20/04-80024-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/04

954-472-6200