

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053634

1. Entity Name

LAWRENCE S. GILLMAN CPA PA

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90017 012 ***150.00

Principal Place of Business

Mailing Address

9056 NW 45TH CT
SUNRISE FL 33351
US

9056 SW 45TH CT
SUNRISE FL 33351-5324
US

2. Principal Place of Business

3. Mailing Address

6008 LINDEN CIRCLE

6008 LINDEN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

4. FEI Number

65-0436863

Applied For

Not Applicable

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

GILLMAN, LAWRENCE S
9056 NW 45TH CT
SUNRISE FL 33351

Name

LAWRENCE S. GILLMAN

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

6008 LINDEN CIRCLE

City

TAMARAC

FL

Zip Code

33319

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME GILLMAN, LAWRENCE
STREET ADDRESS 9056 NW 45TH CT
CITY-ST-ZIP SUNRISE F

TITLE DP ☒ Change ☐ Addition
NAME GILLMAN, LAWRENCE
STREET ADDRESS 6008 LINDEN CIRCLE
CITY-ST-ZIP TAMARAC, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

13. 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 11 or Block 12 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

2/22/00

Date

954-850-1790

Daytime Phone #

CR2E034 (9/99)