

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078852

1. Entity Name

SIEGELAUB & ASSOCIATES, P.A.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90078 003 ***150.00

Principal Place of Business

10139 NW 31 ST STE 101
CORAL SPRINGS FL 33065

Mailing Address

10139 NW 31 ST STE 101
CORAL SPRINGS FL 33065

2. Principal Place of Business

9690 W SAMPLE RD

3. Mailing Address

9690 W SAMPLE RD

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

FLORIDA

Zip

33065

Country

FLORIDA

6. Name and Address of Current Registered Agent

SHADOWITZ, BETH I
1200 N. FEDERAL HIGHWAY
SUITE 200
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

STEVEN SIEGELAUB

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

9690 W SAMPLE ROAD SUITE 202

City

CORAL SPRINGS

FL

Zip Code

33065

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

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, 2001 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

TITLE ☐ Delete
NAME P
STREET ADDRESS SIEGELAUB, STEVEN S
CITY-ST-ZIP 4922 NW 81ST AVE.
CORAL SPRINGS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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

STEVEN SIEGELAUB

1/13/01
Date

753-2222
Daytime Phone #

CR2E034 (10/00)

0130717