

FILED

Jun 18, 2001 8:00 am

Secretary of State

05-16-2001 90236 018 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001068

1. Entity Name

GRETCHEN K. KLAYMAN, P.A.

LA

Principal Place of Business

6550 N WICHAM RD
MELBOURNE FL 32940
US

Mailing Address

6550 N WICHAM RD
MELBOURNE FL 32940
US

2. Principal Place of Business

33 Suntree Place

Suite, Apt. #, etc.

Suite D

City & State

Melbourne, Florida

Zip
32940Country
US

3. Mailing Address

33 Suntree Place

Suite, Apt. #, etc.

Suite D

City & State

Melbourne, Florida

Zip
32940Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3223834

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

KLAYMAN, GRETCHEN K
6550 N WICHAM RD
STE 6
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name Klayman, Gretchen K
Street Address (P.O. Box Number is Not Acceptable)
33 Suntree Place
Suite D
City Melbourne FL Zip Code 32940

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 date 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS
NAME KLAYMAN, GRETCHEN K
STREET ADDRESS 6550 N WICHAM RD STE 6
CITY-ST-ZIP MELBOURNE FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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

Date

Daytime Phone

CR2E034 (10/00)