

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90310 008 ***150.00

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DOCUMENT # P94000001068

1. Entity Name

GRETCHEN K. KLAYMAN, P.A.



Principal Place of Business

~~20~~ SUNTREE PLACE

~~SUITE 9~~

MELBOURNE FL 32940

US

Mailing Address

~~20~~ SUNTREE PLACE

~~SUITE 9~~

MELBOURNE FL 32940

US

2. Principal Place of Business

10 Suntree place

Suite, Apt. #, etc.

3. Mailing Address

10 Suntree place

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3223834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLAYMAN, GRETCHEN K

10 SUNTREE PLACE

~~SUITE 9~~

MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Same Just address change

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

10 Suntree place

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gretchen K. Klayman P.A. ADDITIONAL CHANGE
4/28/03

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

NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	KLAYMAN, GRETCHEN K	
STREET ADDRESS	10 SUNTREE PLACE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or assignee of the corporation; that I have received 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 change.

SIGNATURE:

Gretchen K. Klayman
Attorney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAN

4/28/03

321
242-9553
Daytime Phone #

CR2E034 (10/02)