2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040097

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 PM 3:26

1. Entity Name
Dickstein and Reynolds PA

Principal Place of Business
515 N. Flagler Dr.
#700
West Palm Beach, Fl 33401

Mailing Address
Same

2. Principal Place of Business	3. Mailing Address
515 N. Flagler Dr.	
Suite, Apt. #, etc.: #700	Suite, Apt. #, etc.
City & State: West Palm Beach Fl	City & State: SAME
Zip: 33401 / Country: Palm Beach	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0493008 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Gary S. Dickstein
515 N. Flagler Dr #700
West Palm Beach, Fl 33401

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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	President	☐ Delete
NAME	Gary S. Dickstein	
STREET ADDRESS	515 N. Flagler Dr #700	
CITY-ST-ZIP	W. Palm Beach, Fl 33401	
TITLE	Vice-President	☐ Delete
NAME	Robert R. Reynolds IV	
STREET ADDRESS	515 N. Flagler Dr. #700	
CITY-ST-ZIP	W. Palm Beach, Fl 33401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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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	400004698064--1	
STREET ADDRESS	-11/29/01--01041--003	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		AD
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: ______________________ 10-30-01 561-832-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #