**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P94000061439 -SCHECTER & ASSOCIATES, P.A.

<u> </u>	- ONI	<del></del>	OL 100	n i	(UB)	<u> </u>	<b>A</b>		2001		) am
DOCUMENT # P9400061439  1. Entity Name							Apr 13, 2001 8:00 am Secretary of State				
		OCIATES, P.A.							90016 010		
KAND	DAL L.	SCHECTER, P.A	· .———————								
,	ce of Busines		Mailing Address								
1090 W. Intn'l Speedway Blvd. Suite 100			1030 W. Intn'l Speedway Blvd. Suite 100				<b></b>				
DAYTONA BEAG	CH FL 32114-3	415	DAYTONA BEACH FL 321144	3415							
2. Principal Place of Business			3, Mailing Address								
· · · · · · · · · · · · · · · · · · ·			Suite Ant # etc				1   68     108				<b>0</b> 1914 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THIS S	PACE	
City & State			City & State			4	. FEI Numbe	r 59-32632	62	, <del>, , , , , , , , , , , , , , , , , , </del>	plied For t Applicable
Zip	Country		Zip Co		ntry 5. Ce		. Certificate	of Status Desired		8.75 Add	itional
	6. Name	and Address of Current F	Registered Agent	7. Name and Address of New Registered Agent							
SCHECTER, RANDAL L					Name	_		<u>-</u>			
1030 W. INTN'L SPEEDWAY BLVD.					Street A	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 100 DAYTONA BEACH FL 32114-3415											
5.11.01.0.52.01.1.2.02.1.1.01.0					City	City FL Zip Code					
8. The above	e named entity	submits this statement for	the purpose of changing its r	egister	ed office o	r registered a	agent, or both	n, in the State of	Florida.	- <del></del>	
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE:	Registere	d Agent signati	ure required when	reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!							10. Elec	tion Campaign	inancing	\$5.0	<b>0</b> May Be
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$5 Make Check Payable to Department				Trus	st Fund Contribu	tion.		to Fees
11	TB -	OFFICERS AND D				ADDITIONS/C	CHANGES TO O				
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TITLE NAME			☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS				i STRE	ET ADDRESS						)
CITY-ST-ZIP	Cortification that	information complied with the	his filing does not qualify for t		-ST-ZIP	od in Continu	110.07(3)(i)	Florido Statuto	I further certif		farmation

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplied in the report of supplied 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 of 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: