

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90422 007 \*\*\*150.00

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**DOCUMENT # P94000072594**

1. Entity Name  
**BRUCE G. KALEITA, P.A.**



Principal Place of Business  
**500-AUSTRALIAN AVE. SOUTH  
SUITE 600  
WEST PALM BEACH FL 33401**

Mailing Address  
**500-AUSTRALIAN AVE. SOUTH  
SUITE 600  
WEST PALM BEACH FL 33401**



2. Principal Place of Business  
**1615 Forum PLACE**  
Suite, Apt. #, etc.  
**500**

3. Mailing Address  
**1615 Forum PLACE**  
Suite, Apt. #, etc.  
**500**

City & State  
**WEST PALM BEACH, FL**  
Zip  
**33401**

City & State  
**WEST PALM BEACH, FL**  
Zip  
**33401**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0529135**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KALEITA, BRUCE G**  
**500-AUSTRALIAN AVE. SOUTH**  
**SUITE 600**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Same**  
Street Address (P.O. Box Number is Not Acceptable)  
**1615 Forum Place**  
**Suite 500**  
City **Same** **FL** Zip Code **33401**

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

*[Signature]* **Bruce G. Kaleita**

**2/24/03**  
DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KALEITA, BRUCE G</b> <b>SUITE 600, 500 AUSTRALIAN AVENUE SOUTH</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1615 Forum Place</b> <b>Suite 500,</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/03**  
Date

**361-688-9210**  
Daytime Phone #

CR2E034 (10/02)