

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90386 032 \*\*\*150.00

**DOCUMENT # P94000082552**

**1. Entity Name**  
**FLORAL LAKES OF DELRAY BEACH, INC.**



**Principal Place of Business**  
**855 NORTH 62 DRIVE**  
**WEST PALM BEACH FL 33413**

**Mailing Address**  
**P.O. BOX 540929**  
**LAKE WORTH FL 33454**

**2. Principal Place of Business**  
**18 VIA LAGO**

**3. Mailing Address**  
**18 VIA LAGO**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**BOYNTON BEACH FL**

**City & State**  
**BOYNTON BEACH FL**

**4. FEI Number** **65-0541161**

**Applied For**  
**Not Applicable**

**Zip**  
**33435**

**Country**  
**Palm Beach**

**Zip**  
**33435**

**Country**  
**Palm Beach**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROSACKER, ARTHUR J**  
**18 VIA LAGO**  
**BOYNTON BEACH FL 33425**

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

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ **Delete**  
**NAME** **ROSACKER, ARTHUR JR**  
**STREET ADDRESS** **6250 W ATLANTIC AVENUE**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33484-3599**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **DV** ☐ **Delete**  
**NAME** **ROSACKER, BARBARA**  
**STREET ADDRESS** **6250 W. ATLANTIC AVENUE**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33484-3599**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** **Daytime Phone #**

**4/6/03 - 561-733-4134**

CR2E034 (10/02)