AUG-08-00 11:54 FROM:TRAVELSAVERS ID:1310

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Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90018 003 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008987 (R)

1. Entity Name

LOPATA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
71 AUDREY AVENUE OYSTER BAY, NY 11771	71 AUDREY AVENUE OYSTER BAY, NY 11771

2. Principal Place of Business	3. Mailing Address
71 AUDREY AVENUE	71 AUDREY AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OYSTER BAY, NY	City & State: OYSTER BAY, NY
Zip: 11771 Country: USA	Zip: 11771 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3305149 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUART M. LOPATA
71 AUDREY AVENUE
OYSTER BAY, NY 11771

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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT STUART M. LOPATA 71 AUDREY AVENUE OYSTER BAY, NY 11771	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		

CR2E034 (8/99)

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: [signature] Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F 1

Attachment # P95000008987
B0104548

Foelgner, Ronz & Straw, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

August 3, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lopata & Associates, Inc.
2000 Uniform Business Report
FEIN # 59-3305149

Dear Sirs:

I am writing in reference to the above-mentioned taxpayer regarding the 2000 Uniform Business Report. Enclosed please find a completed 2000 Uniform Business Report for Lopata & Associates, Inc and a check in the amount of $150.00.

Since the last annual report was filed for 1999, the above-mentioned taxpayer has moved several times due to divorce and job relocations. Therefore the taxpayer did not receive a form to file the annual report for 2000. Due to the above circumstances, we request that you waive any penalties that may be due for this client as it was not his intent to not timely file.

If you need any additional information, or I can be of further assistance, please contact me.

Sincerely,

Ana M. Herron

Ana M. Herron
Certified Public Accountant

AMH:cr

Enclosure(s)

1301 66TH STREET NORTH • ST. PETERSBURG, FLORIDA 33710
F:\CLIENT\79642\AUGUST 3.LET POST OFFICE BOX 40888 • ST. PETERSBURG, FLORIDA 33743
PINELLAS (727) 347-1120 • FAX (727) 347-2617