

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90132 036 ***150.00

DOCUMENT # P95000009617

1. Entity Name
DAVID SHEIN & ASSOCIATES, P.A.



Principal Place of Business
~~1049 W. EAU GALLIE BOULEVARD~~
MELBOURNE FL 32935
US

Mailing Address
~~1049 W. EAU GALLIE BOULEVARD~~
MELBOURNE FL 32935
US

2. Principal Place of Business
1300 W. Eau Gallie Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1300 W. Eau Gallie Blvd.
Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
59-3292533

Applied For
Not Applicable

Zip
32935
Country
USA

Zip
32935
Country
USA

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

6. Name and Address of Current Registered Agent

SHEIN, DAVID E
3061 RIO PLUMOSA NORTH
INDIALANTIC FL 32903

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. 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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAVID E. SHEIN ☐ Delete
~~**1049 W. EAU GALLIE BOULEVARD**~~
MELBOURNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1300 W. Eau Gallie Blvd.

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/03

Date

Daytime Phone #

CR2E034 (10/02)