

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90138 020 \*\*\*150.00

**DOCUMENT # P95000018957**  
1. Entity Name  
**WARREN J. KOZLOW, P.A.**



Principal Place of Business  
**7000 WEST PALMETTO PARK RD.  
SUITE 400  
BOCA RATON FL 33433**

Mailing Address  
**7000 WEST PALMETTO PARK RD.  
SUITE 400  
BOCA RATON FL 33433**



2. Principal Place of Business  
**7000 W. Palmetto Park Rd.  
Suite, Apt. #, etc.  
Suite 305**

3. Mailing Address  
**7000 W. Palmetto Park Rd.  
Suite, Apt. #, etc.  
Suite 305**

City & State  
**Boca Raton, Florida**

City & State  
**Boca Raton, Florida**

Zip Country  
**33433 Palm Beach**

Zip Country  
**33433 Palm Beach**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0561697** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KOZLOW, WARREN J  
7000 WEST PALMETTO PARK RD.  
SUITE 400  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent  
Name  
**Kozlow, Warren J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7000 W. Palmetto Park Rd.  
Suite 305**  
City **FL** Zip Code **33433**

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 *Warren J. Kozlow* DATE **1/17/2003**

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

**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	DPS KOZLOW, WARREN J 7000 W. PALMETTO PARK RD., STE. 400 BOCA RATON FL 33433	<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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Kozlow, Warren J. 7000 W. Palmetto Park Rd., Suite 305 Boca Raton, Florida 33433	<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
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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: *Warren J. Kozlow* DATE **1/17/2003** Daytime Phone # **561-394-2180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)