


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90065 007 \*\*\*150.00

DOCUMENT # **P95000058631** *NO*  
1. Entity Name  
**RENEE STOURAITIS, P.A.**  
**RENEE FRIEDMAN, P.A.**



Principal Place of Business  
**20110 BOCA WEST DRIVE**  
**APARTMENT #228**  
**BOCA RATON FL 33434**

Mailing Address  
**20110 BOCA WEST DRIVE**  
**APARTMENT #228**  
**BOCA RATON FL 33434**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-0599028**  
Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MULLIN, JAMES G.**  
**2263 N.W. BOCA RATON BLVD., #205**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
Name **THOMAS C. WALSER, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7015 Beracasa Way, Ste 201**  
City **Boca Raton,** 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 *Thomas C. Walsen* **4/23/03**  
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          | <b>D.</b> <input type="checkbox"/> Delete |
| NAME           | <b>STOURAITIS, RENEE</b>                  |
| STREET ADDRESS | <b>20110 BOCA WEST DRIVE, APT. #228</b>   |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33434</b>                |
| TITLE          | <input type="checkbox"/> Delete           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <b>D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Friedman, Renee</b>   |
| STREET ADDRESS | <b>20110 Boca West Dr., Apt. #228</b>  |
| CITY-ST-ZIP    | <b>Boca Raton, FL 33434</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| 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: *Renee Friedman* **PA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)