

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090485

1. Entity Name

HARRY C. GREENFIELD, P.A.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90093 048 ***550.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 800 E. MERRITT ISLAND CAUSEWAY SUITE 202 MERRITT ISLAND FL 32952		Mailing Address 800 E. MERRITT ISLAND CAUSEWAY SUITE 202 MERRITT ISLAND FL 32952	
2. Principal Place of Business 335 S. Plumosa St.		3. Mailing Address 335 S. Plumosa St.	
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc. Suite D	
City & State Merritt Island FL		City & State Merritt Island FL	
Zip 32952	Country USA	Zip 32952	Country USA
4. FEI Number 59-3349888		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENFIELD, HARRY C ESQ. 800 E. MERRITT ISLAND CAUSEWAY SUITE 202 MERRITT ISLAND FL 32952		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): See above change 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: <i>Harry C. Greenfield</i> DATE: 9-12-02 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS TITLE: PSD NAME: GREENFIELD, HARRY C STREET ADDRESS: 800 E. MERRITT ISLAND CAUSEWAY, #202 CITY-ST-ZIP: MERRITT ISLAND FL 32952		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: Suite D NAME: Suite D STREET ADDRESS: Suite D CITY-ST-ZIP: Suite D	

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 of trust or 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry C. Greenfield
 Date: 9/15/02 Daytime Phone #: 321-454-7400

CR2E034 (4/02)