

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90065 036 ***150.00

DOCUMENT # P96000015755

1. Entity Name
DANA T. PICKARD, P.A.

Principal Place of Business

**250 ROYAL PALM WAY
 SUITE 300
 PALM BEACH FL 33840**

Mailing Address

**250 ROYAL PALM WAY
 SUITE 300
 PALM BEACH FL 33840**

2. Principal Place of Business

**% Edwards & Angell
 Suite, Apt. # etc
 One North Clematis St.**

West Palm BEACH, FL

**Zip
 33401**

**Country
 USA**

3. Mailing Address

**% Edwards & Angell
 Suite, Apt. # etc
 One North Clematis St.**

West Palm Beach

**Zip
 33401**

**Country
 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0643707**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ANGELL CORPORATE SERVICES, INC.
 ONE NORTH CLEMATIS STREET
 SUITE 400
 WEST PALM BEACH FL 33401-0000**

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, 2002 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

TITLE **D** ☐ Delete
 NAME **PICKARD, DANA T**
 STREET ADDRESS **250 ROYAL PALM WAY, SUITE 300**
 CITY-ST-ZIP **PALM BEACH FL 33840**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Pickard, Dana T.**
 STREET ADDRESS **% Edwards & Angell**
 CITY-ST-ZIP **One North Clematis st
 West Palm Beach, FL 33401**

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

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

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

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

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

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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 561-820-0256
 Date Daytime Phone #

CR2E034 (9/01)