

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90542 009 \*\*\*158.75

0135003 AV

**DOCUMENT # P96000037516**

1. Entity Name  
**RAPPEL & RAPPEL, P.A.**



Principal Place of Business  
**5070 HIGHWAY A1A NORTH  
SUITE 221  
VERO BEACH FL 32963**

Mailing Address  
**5070 HIGHWAY A1A NORTH  
SUITE 221  
VERO BEACH FL 32963**



2. Principal Place of Business  
**1515 Indian River Blvd  
Suite, Apt. #, etc.  
Ste A210**

3. Mailing Address  
**1515 Indian River Blvd  
Suite, Apt. #, etc.  
Ste A210**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**VERO BEACH FL**

City & State  
**VERO BEACH FL**

4. FEI Number  
**65-0660864**

Applied For  
Not Applicable

Zip Country  
**32960 Indian River**

Zip Country  
**32960 Indian River**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RAPPEL, ROBERT~~  
**5070 HIGHWAY A1A NORTH  
SUITE 221  
VERO BEACH FL 32963**

**DEC CONSULTANTS, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1515 Indian River Blvd  
Ste A210  
VERO BEACH FL 32960**

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

**4-25-2003**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **RAPPEL, ROBERT**  
STREET ADDRESS **5070 HIGHWAY A1A NORTH SUITE 221**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☒ Change ☐ Addition  
NAME **Rappel, Robert**  
STREET ADDRESS **1515 Indian River Blvd #A210**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Delete  
NAME **RAPPEL, CRAIG M**  
STREET ADDRESS **5070 HIGHWAY A1A NORTH SUITE 221**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☒ Change ☐ Addition  
NAME **Rappel, Craig M**  
STREET ADDRESS **1515 Indian River Blvd #A210**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-2003 772-778-8885**

Date

Daytime Phone #

CR2E034 (10/02)