

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

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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

3. Mailing Address
1515 Indian River Blvd

Suite, Apt. #, etc.
Ste A210

Suite, Apt. #, etc.
Ste A210

City & State
Vero Beach FL

City & State
Vero Beach FL

4. FEI Number **65-0660864** Applied For
Not Applicable

Zip **32960** Country **Indian River**

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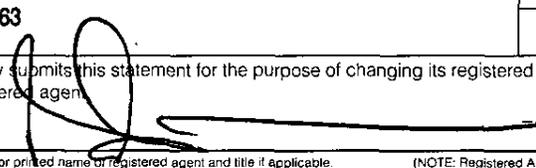
5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
~~**RAPPEL, ROBERT**~~
**5070 HIGHWAY A1A NORTH
SUITE 221
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent
DEC CONSULTANTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
**1515 Indian River Blvd
Ste A210**
City **Vero beach** FL Zip Code **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  DATE **4-25-2003**

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

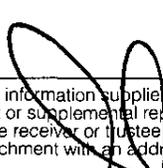
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D <input type="checkbox"/> Delete RAPPEL, ROBERT 5070 HIGHWAY A1A NORTH SUITE 221 VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAPPEL, CRAIG M 5070 HIGHWAY A1A NORTH SUITE 221 VERO BEACH FL 32963
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rappel, Robert 1515 Indian River Blvd #A210 Vero Beach FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rappel, Craig M 1515 Indian River Blvd #A210 Vero Beach, FL 32960
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
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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-25-2003** Daytime Phone # **772-778-8885**

CR2E034 (10/02)