

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90224 047 ***150.00

0452826

DOCUMENT # P96000097861

1. Entity Name

B. PAUL KATZ, P.A.

Principal Place of Business

**1 FLORIDA PARK DR SOUTH
 ATRIUM SUITE
 PALM COAST FL 32137
 US**

Mailing Address

**P. O. BOX 351399
 PALM COAST FL 32135
 US**

2. Principal Place of Business

3. Mailing Address

1 Florida Park Dr. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Atrium Suite

City & State

City & State

Palm Coast

Zip

Country

Zip

FL

Country

32137

4. FEI Number

59-3420685

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KATZ, B. PAUL
 1 FLORIDA PARK DR, SOUTH
 ATRIUM SUITE
 PALM COAST FL 32137**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 **PD** Delete
 NAME **KATZ, B. PAUL**
 STREET ADDRESS **1 FLORIDA PK DR N #110**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Delete
 NAME
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 CITY-ST-ZIP

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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, Director** Change Addition
 NAME **B. Paul Katz**
 STREET ADDRESS **1 Florida Park Dr. So., Atrium Ste**
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

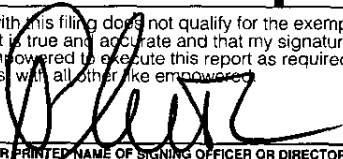
TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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 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:



04/26/01

(386) 446-4469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE