

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0435545 AV

03-20-2002 90050 038 ***150.00

DOCUMENT # **P97000011296**

1. Entity Name
DR. BRYAN WEXLER AND ASSOCIATES, P.A.

Principal Place of Business

~~6901 22ND AVE N
 STE 660
 ST PETERSBURG FL 33710
 US~~

Mailing Address

~~12911 VICKSBURG DR
 TAMPA FL 33625
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6951 22 Ave North

3. Mailing Address

**Dr. Bryan Wexler & Associates
 12028 Tuscany Bay Drive
 #202
 Tampa, Florida 33626**

Suite, Apt. #, etc.

City & State

St Petersburg FL

4. FEI Number

59-3425554

Applied For
 Not Applicable

Zip
33710

Country
USA

Zip

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WEXLER, BRYAN
 12911 VICKSBURG DR
 TAMPA FL 33625**

**12028 Tuscany Bay Dr.
 # 202
 Tampa FL 33626**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D WEXLER, BRYAN 12911 VICKSBURG DR TAMPA FL 33625	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wexler, Bryan 12028 Tuscany Bay Dr # 202 Tampa FL 33626	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bryan Wexler* **BRYAN WEXLER**

3/2/02 (813) 925-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)