2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

8751 W BROWARD BLVD

DI ANTATIONI EL 22224

P97000050115

Mailing Address

8751 W BROWARD BLVD

DIANTATION EL 22214

1. Entity Name

#305

CRAIG B. COTLER, P.A.

FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90248 050 ***150.00

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Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				RE IF MAKING CH	ANGES		
City & State		City & State		4. FEI Number 65-0766	114	-	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desire	ed 🗆 \$8.	.75 Add Required	litional d	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
		Name	Name					
COTLER, CRAIG B		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
8751 W BROWARD BLVD				<u> </u>				
STE 305	HUWAHU BLVU							
PLANTATION FL 33324		City		FL	Zip Code	,		
	named entity submits this statement for	r the purpose of changing its	s registered office or re	gistered agent, or both, in the State o	f Florida. I am famil	iar with, a	and accept	
the obligat	ions of registered agent.							
SIGNATURE .								
:	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature r	required when reinstating)	DATE			
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 Campaigr Trust Fund Contrib		\$5.0 (Added	May Be to Fees	
10.	" OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIR	ECTORS	IN 11	
TITLE	D	☐ Delete	TITLE			Change	☐ Addition	
NAME	COTLER, CRAIG B	005	NAME					
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	PLANTATION FL 33324							
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indicated on this report or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-475-8822

CR2E034 (10/02)