

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90527 032 ***150.00

0032555 AV

DOCUMENT # P97000056500

1. Entity Name
SCHILIAN & WATARZ, P.A.



Principal Place of Business
**4875 N FEDERAL HIGHWAY
10TH FL
FORT LAUDERDALE FL 33308
US**

Mailing Address
**4875 N FEDERAL HIGHWAY
10TH FL
FORT LAUDERDALE FL 33308
US**



2. Principal Place of Business
2499 GLADES ROAD

Suite, Apt. #, etc.
SUITE 112

City & State
BOCA RATON, FL

Zip
33431

Country

3. Mailing Address
2499 GLADES ROAD

Suite, Apt. #, etc.
SUITE 112

City & State
BOCA RATON, FL

Zip
33431

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0766365**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHILIAN, GERALD
4875 N FEDERAL HIGHWAY
10TH FL
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**2499 GLADES ROAD
SUITE 112
BOCA RATON FL 33431**

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

4-8-03

**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 **P** ☐ Delete
NAME **SCHILIAN, GERALD**
STREET ADDRESS **1334 AVOCADO ISLE**
CITY-ST-ZIP **FT LAUDERDALE FL 33315**

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

TITLE **VP** ☐ Delete
NAME **WATARZ, DEBORAH A**
STREET ADDRESS **1334 AVOCADO ISLE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **COX, BRENDA**
STREET ADDRESS **7411 BRISTOL LANE**
CITY-ST-ZIP **PARKLAND, FL 33067**

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
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TITLE ☐ Delete
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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

4-8-03 561-750-7999

Date

Daytime Phone #

CR2E034 (10/02)