

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059208

1. Entity Name

LAW OFFICE OF DAVE K. ROY, PROFESSIONAL ASSOCIAT

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90060 007 \*\*\*150.00

Principal Place of Business

Mailing Address

1818 S. AUSTRALIAN AVE.  
COMMERCE POINTE. STE. 400  
WEST PALM BEACH FL 33409  
US

181 S. AUSTRALIAN AVE.  
COMMERCE POINTE. STE. 400  
WEST PALM BEACH FL 33406  
US

C0033594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1818 S. Australian Ave  
Suite 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W.P.B., FL

4. FEI Number

65-0765949

Applied For

Not Applicable

Zip

Country

Zip

33409

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY, DAVE K  
1818 S. AUSTRALIAN AVE.  
COMMERCE POINTE, STE. 400  
WEST PALM BEACH FL 33409

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVT ☐ Delete  
NAME ROY, DAVE K  
STREET ADDRESS 1818 S. AUSTRALIAN AVE, STE 400  
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

TITLE S ☒ Delete  
NAME ROY, DAVE K  
STREET ADDRESS 1818 S. AUSTRALIAN AVE, SUITE 400  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Change ☒ Addition  
NAME Meike Olivier  
STREET ADDRESS 1818 S. Australian Ave, Ste 400  
CITY-ST-ZIP W.P.B., FL 33409

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99  
Date

(561) 616-0064  
Daytime Phone #

CR2E034 (9/99)