

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101432

1. Entity Name

PETER TICKTIN, CHARTERED

Principal Place of Business

Mailing Address

2000 GLADES ROAD, STE. 110
BOCA RATON FL 33431-8504

2000 GLADES ROAD, STE. 110
BOCA RATON FL 33431-8504

2. Principal Place of Business

3. Mailing Address

5295 TOWN CENTER ROAD

5295 TOWN CENTER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33486

U.S.

33486

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TICKTIN, PETER
2000 GLADES ROAD, STE. 110
BOCA RATON FL 33431-8504

Name

Street Address (P.O. Box Number is Not Acceptable)

5295 TOWN CENTER RD.

300

City

Boca Raton

FL

Zip Code

33486

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TICKTIN, PETER	
STREET ADDRESS	2000 GLADES ROAD, STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33431-8504	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	TICKTIN, PETER	
STREET ADDRESS	2000 GLADES ROAD, STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33431-8504	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90017 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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