

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90442 041 ***150.00

DOCUMENT # P98000019277

1. Entity Name
FRANK J. BADACH, P.A.



Principal Place of Business
**568 YAMATO RD
SUITE 200
BOCA RATON FL 33431**

Mailing Address
**568 YAMATO RD
SUITE 200
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address
5540 FOX HOLLOW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOCA RATON, FL

4. FEI Number
65-0815964

Applied For
Not Applicable

Zip

Country

Zip
33486

Country
PALM BEACH

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

**BADACH, FRANK J
4730 N.W. BOCA RATON BOULEVARD
SUITE 200
BOCA RATON FL 33431**

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
5540 FOX HOLLOW DR.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and entity, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/2003

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Paid in full CR#1938

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 **D** ☐ Delete
NAME **BADACH, FRANK J ESQ**
STREET ADDRESS **568 YAMATO RD/STE 200 5540 FOX HOLLOW DR**
CITY-ST-ZIP **BOCA RATON FL 33431 33486**

TITLE ☒ Change ☐ Addition
NAME **SEE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2003

Date

Daytime Phone #

CR2E034 (10/02)