

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90230 047 ***150.00

DOCUMENT # P98000033737

1. Entity Name
WENDY EISER, P.A.



Principal Place of Business
**8391 HORSESHOE BAY ROAD
BOYNTON BEACH FL 33437**

Mailing Address
**8391 HORSESHOE BAY ROAD
BOYNTON BEACH FL 33437**

2. Principal Place of Business

9805 SAN LUCA ST.

Suite, Apt. #, etc.

3. Mailing Address

9805 SAN LUCA ST.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

LAKE WORTH, FL.

Zip
33467

Country

Palm Beach

City & State

LAKE WORTH, FL.

Zip
33467

Country

Palm Beach

4. FEI Number **65-0832250**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EISER, BARRY
8391 HORSESHOE BAY ROAD
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name

BARRY EISER

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

9805 SAN LUCA STREET

City

LAKE WORTH

FL

Zip Code

33467

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

Barry Eiser

BARRY EISER

4/14/03

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

(NOTE: Registered Agent signature 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 Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **EISER, BARRY**
STREET ADDRESS **8391 HORSESHOE BAY RD**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **ST** ☐ Delete
NAME **EISER, WENDY**
STREET ADDRESS **8391 HORSESHOE BAY RD**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Barry Eiser
BARRE EISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/03

Daytime Phone #

561-414-8175

CR2E034 (10/02)