

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000038199

FILED  
Sep 06, 2003  
Secretary of State

Entity Name: GOLDSON & RADIN, P.A.

## Current Principal Place of Business:

70 WYLLY AVE, SUITE 5  
SANFORD, FL 32773

## New Principal Place of Business:

861 LARKFIELD ROAD  
COMMACK, NY 11725

## Current Mailing Address:

70 WYLLY AVE, SUITE 5  
SANFORD, FL 32773

## New Mailing Address:

861 LARKFIELD ROAD  
COMMACK, NY 11725

FEI Number: 59-3515778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RADIN, MATTHEW E  
151 TREVOR CT  
HEATHROW, FL 32746 US

## Name and Address of New Registered Agent:

RADIN, MATTHEW E  
1085 CRYSTAL KEY LANE  
BOYNTON BEACH, FL 33437 US

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:

09/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RADIN, MATTHEW E  
Address: 11 TREVOR CT  
City-St-Zip: HEATHROW, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RADIN, MATTHEW E  
Address: 861 LARKFIELD ROAD  
City-St-Zip: COMMACK, NY 11725

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW E. RADIN

PD

09/06/2003

Electronic Signature of Signing Officer or Director

Date