FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90968 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039166

1. Entity Name
LAW OFFICES OF JOHN M. KOTZKER, P.A.

Principal Place of Business	Mailing Address
8211 WEST BROWARD BLVD. SUITE 375 PLANTATION, FL 33324	8211 WEST BROWARD BLVD. SUITE 375 PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
2724 W. Atlantic Blvd.	2724 W. Atlantic Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach	City & State: Pompano Beach
Zip: 33069 Country:	Zip: 33069 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0831310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOTZKER, JOHN M
8211 WEST BROWARD BLVD.
SUITE 375
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOTZKER, JOHN M 8211 W. BROWARD BLVD-STE 375 PLANTATION, FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kotzker, John M. 2724 W. Atlantic Blvd. Pompano Beach, Fl. 33069 ☑ Change ☐ Addition
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CR2E034 (10/02)

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: ____________________ 4/29/03 (954) 956-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #