

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077052

1. Entity Name
DAVID S. TOBIN, P.A.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90546 031 ***150.00

Principal Place of Business 3300 UNIVERSITY DR STE 629 CORAL SPRINGS FL 33065	Mailing Address 201 SOUTH BISCAYNE BLVD. 17TH FLOOR %MICHAEL B. CHESAL. ESQ. MIAMI FL 33131-4325
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2. Principal Place of Business 7251 West Palmetto Park Rd. Suite, Apt. #, etc. Suite 205 City & State Boca Raton, Florida Zip 33433 Country U.S.A.	3. Mailing Address 7251 West Palmetto Park Rd. Suite, Apt. #, etc. Suite 205 City & State Boca Raton, Florida Zip 33433 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, INC.
201 SOUTH BISCAYNE BLVD. 17TH FLOOR
%MICHAEL B. CHESAL, ESQ.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Tobin & Reyes, P.A.
Street Address (P.O. Box Number is Not Acceptable): 7251 West Palmetto Park Rd.
Suite 205
City: Boca Raton FL Zip Code: 33433

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: David S. Tobin, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 4/25/00

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, 2000 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	
TITLE D NAME TOBIN, DAVID S STREET ADDRESS 201 SOUTH BISCAYNE BLVD. 17TH FLOOR CITY-ST-ZIP MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME TOBIN, DAVID S. STREET ADDRESS 7251 West Palmetto Park Rd. Ste. 205 CITY-ST-ZIP Boca Raton, Florida 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David S. Tobin, President 4/25/00 (561) 620-0656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)