

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90725 009 ***150.00

DOCUMENT # P98000077098

1. Entity Name
WARREN E. STOLLER, P.A.

Principal Place of Business
1290 W OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE FL 33334

Mailing Address
1290 W OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE FL 33334

2. Principal Place of Business
2701 W. Oakland Park Blvd.

3. Mailing Address
2701 W. Oakland Park Blvd.

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33311

Zip
33311

4. FEI Number
65-0863102

Applied For
☐ Not Applicable

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

STOLLER, WARREN E
1290 E OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE FL 33334

Name
STOLLER, WARREN, E.
 Street Address (P.O. Box Number is Not Acceptable)
2701 W. Oakland Park Blvd.
Suite 100
 City **Ft. Lauderdale** **FL** Zip Code **33311**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOLLER, WARREN E 1290 E OAKLAND BLVD., STE 100 FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLLER, WARREN, E 2701 W. Oakland Park Blvd, Ste. 100 Ft. Lauderdale, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

Warren E. Stoller

4/29/03

954-733-8520