

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003771

1. Entity Name

M. THOMAS LOBASZ, P.A.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90073 026 ***150.00

Principal Place of Business

Mailing Address

~~500 S. AUSTRALIAN AVE., STE. 800~~
~~WEST PALM BEACH FL 33401~~

~~500 S. AUSTRALIAN AVE., STE. 800~~
~~WEST PALM BEACH FL 33401-6237~~

2. Principal Place of Business

3. Mailing Address

3923 Lake Worth Rd
Suite, Apt. #, etc. Suite 113

3923 Lake Worth Rd
Suite, Apt. #, etc. Suite 113

City & State

City & State

Lake Worth FL

Lake Worth, FL

Zip

Country

Zip

Country

33461

33461

4. FEI Number

65-0887579

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

LOBASZ, M. THOMAS
500 S. AUSTRALIAN AVE., STE. 800
WEST PALM BEACH FL 33401

Name LOBASZ, M. THOMAS
Street Address (P.O. Box Number is Not Acceptable)
3923 Lake Worth Rd. #113
City Lake Worth FL Zip Code 33461

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

M. THOMAS LOBASZ 4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LOBASZ, M. THOMAS	
STREET ADDRESS	500 S. AUSTRALIAN AVE., STE. 800	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBASZ, M. THOMAS	
STREET ADDRESS	3923 Lake Worth Rd #113	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

M. THOMAS LOBASZ, Pres.

Date

Daytime Phone #

4/24/00 561-699-7200

CR2E034 (9/99)