

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006087

1. Entity Name

SOLKOFF & ZELLEN, P.A. ^{N/c} 3-31-00

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90146 001 ***150.00

Principal Place of Business Mailing Address
1901 S. Congress Ave.
Ste. 350 (same)
Boynton Beach, FL 33426

2. Principal Place of Business
1901 S. Congress Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 350

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach, FL

City & State

4. FEI Number

Applied For

65-0899474

Not Applicable

Zip Country
33426 USA

Zip Country

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

Corporation Service Co.
1201 Hays Street
Tallahassee, FL 32301

Name
Scott M. Solkoff, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1901 S. Congress Ave., Ste 350

City Zip Code
Boynton Beach FL 33426

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, 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 P/D ☐ Delete
NAME Scott M. Solkoff
STREET ADDRESS 1901 S. Congress Ave., Ste 350
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE V/S/D ☐ Change ☒ Addition
NAME Todd R. Zellen, Esq.
STREET ADDRESS 1901 S. Congress Ave, Ste. 350
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

561-733 4242

Daytime Phone #

CR2E034 (9/99)