

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90146 001 ***150.00

DOCUMENT # P99000006087
 1. Entity Name
SOLKOFF & ZELLEN, P.A. N/c 3-31-00

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

2. Principal Place of Business 3. Mailing Address
1901 S. Congress Ave.

Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 350

City & State City & State
Boynton Beach, FL

Zip Country Zip Country
33426 USA

4. FEI Number Applied For
65-0899474 Not Applicable

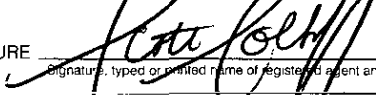
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Corporation Service Co.
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
 Name **Scott M. Solkoff, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
1901 S. Congress Ave., Ste 350
 City **Boynton Beach FL** Zip Code **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  DATE **5/11/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | P/D <input type="checkbox"/> Delete Scott M. Solkoff 1901 S. Congress Ave., Ste 350 Boynton Beach, FL 33426 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Todd R. Zellen, Esq. 1901 S. Congress Ave, Ste. 350 Boynton Beach, FL 33426 |
| 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 |
| 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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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:  DATE **3/29/00** Daytime Phone # **561-733 4242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)