

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90436 002 ***150.00

DOCUMENT # P99000009691

1. Entity Name
ANDREW A. REICH, P.A.



Principal Place of Business
2601 N.E. SABAL PALM WAY
JENSEN BEACH FL 34957

Mailing Address
2601 N.E. SABAL PALM WAY
JENSEN BEACH FL 34957



2. Principal Place of Business
22 Middle Road

3. Mailing Address
22 Middle Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Stuart, FL

4. FEI Number 65-0904186

Applied For

Not Applicable

Zip
34996

Country
USA

Zip
34996

Country
USA

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

REICH, ANDREW A
2601 N.E. SABAL PALM WAY
JENSEN BEACH FL 34957

Name Andrew A. Reich

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

22 Middle Road

City Stuart

FL

Zip Code 34996

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D REICH, ANDREW A
STREET ADDRESS 2601 N.E. SABAL PALM WAY
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☒ Change ☐ Addition
NAME D Andrew A. REICH
STREET ADDRESS 22 Middle Road
CITY-ST-ZIP Stuart, FL 34996

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 772-286-8371
Date Daytime Phone #

CR2E034 (10/02)