

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PP9000023602**

1. Entity Name

*Henry Podolsky and Assoc. Inc.*

Principal Place of Business

Mailing Address

**FILED**

00 NOV 20 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17724

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*13850 Oneida DR*

3. Mailing Address

*1041 NW 120 AVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Delray Beach FL 33446*

City & State

*Sunrise FL*

4. FEI Number

*65-0902310*

Applied For

Not Applicable

Zip

Country

*WPA*

Zip

*33323*

Country

*BRAD*

5. Certificate of Status Desired

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

*DAVID TRACHER  
1041 NW 120 AVE  
SUNRISE FL 33323*

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*David Tracher*

*11/14/2000*

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

(NOTE: Registered Agent signature required when re-registering)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<i>VP</i>	<i>Henry Podolsky</i>	<i>13850 Oneida DR</i>	<input type="checkbox"/>
		<i>Delray Beach FL 33446</i>		<input type="checkbox"/>
	<i>Director</i>	<i>David Podolsky</i>	<i>13850 Oneida DR</i>	<input type="checkbox"/>
		<i>Delray FL 33446</i>		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

*David Podolsky*

*4/24/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

00220034 (9/98)