

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90643 030 ***150.00

DOCUMENT # **P99000030324**



1. Entity Name
ROBERT F. GOULD, P.A.

Principal Place of Business
**3228 FESTIVAL DRIVE
MARGATE FL 33063**

Mailing Address
**3228 FESTIVAL DRIVE
MARGATE FL 33063**



2. Principal Place of Business
201 N. OCEAN BLVD.

3. Mailing Address
201 N. OCEAN BLVD.

Suite, Apt. #, etc.
Apt. 501

Suite, Apt. #, etc.
Apt. 501

City & State
Pompano Beach

City & State
Pompano Beach

CHECK HERE IF MAKING CHANGES

Zip **Florida** Country
33062 USA

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33062 USA

4. FEI Number **65-0917138**

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

**WAGNER, STEVEN A
633 SE 3RD AVE., STE. 302
FT. LAUDERDALE FL 33301**

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. 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
TITLE	GOULD, ROBERT F	3228 FESTIVAL DRIVE	MARGATE FL 33063	<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Gould, Robert F.	201 N. OCEAN BLVD. # 501	Pompano Beach, FL. 33062	<input checked="" 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"/>

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**

4/14/03

954 461 0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)