

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90004 003 ***150.00

DOCUMENT # P99000041661

1. Entity Name

DEBORAH K. HAUSMAN, P.A.

Principal Place of Business

Mailing Address

**4400 N. FEDERAL HWY. STE. 210
 BOCA RATON FL 33431**

**4400 N. FEDERAL HWY. STE. 210
 BOCA RATON FL 33431-5195**

DUUJLJJO



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20283 State Rd 7

3. Mailing Address

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

4. FEI Number

65-0920985

Applied For

Not Applicable

Zip

33498

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HAUSMAN, DEBORAH K
 4400 N. FEDERAL HWY, STE. 210
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Deborah K. Hausman**
 Street Address (P.O. Box Number is Not Acceptable) **20283 State Rd. 7**
Suite 400
 City **Boca Raton FL** Zip Code **33418**

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)

2/29/00

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 | <input type="checkbox"/> Delete |
|-------|---------------------------|--------------------------------------|----------------------------|---------------------------------|
| | DPS | | | |
| | HAUSMAN, DEBORAH K | 4400 N. FEDERAL HWY, STE. 210 | BOCA RATON FL 33431 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

DATE

561 482-9420

Daytime Phone #

CR2E034 (9/99)