

2000 UNIFORM BUSINESS REPORT

DOCUMENT # P99000090999

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90104 034 ***150.00

1. Entity Name

DAVID SHEVITZ, P.A.

Principal Place of Business
530 JEFFERSON DR., APT. 101
DEERFIELD BEACH FL 33442

Mailing Address
530 JEFFERSON DR., APT. 101
DEERFIELD BEACH FL 33442-9457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0958735

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SHEVITZ, DAVID
530 JEFFERSON DR., APT. 101
DEERFIELD BEACH FL 33442

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Add

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SHEVITZ, DAVID 530 JEFFERSON DR., APT. 101 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

1/24/00

954-425-

Date Daytime Phone #