

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90063 027 ***150.00

0236541

DOCUMENT # P99000095880

1. Entity Name

LANCE W. SHINDER, P.A.

Principal Place of Business

2600 N MILITARY TRAIL SUITE 270
BOCA RATON FL 33431

Mailing Address

2600 N MILITARY TRAIL SUITE 270
BOCA RATON FL 33431

2. Principal Place of Business

2300 GLADES ROAD

3. Mailing Address

2300 GLADES ROAD

Suite, Apt. #, etc.

207 EAST

Suite, Apt. #, etc.

207 EAST

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

USA

Zip

33431

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0958009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHINDER, LANCE W
2600 N MILITARY TRAIL SUITE 270
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

LANCE W. SHINDER

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

2300 GLADES ROAD

SUITE 207 EAST

City

BOCA RATON

FL

Zip Code

33431

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

4-13-01

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, 2001 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	PVST	<input type="checkbox"/> Delete
NAME	SHINDER, LANCE W	
STREET ADDRESS	PO BOX 273759	
CITY-ST-ZIP	BOCA RATON FL 33427	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHINDER, LANCE W	
STREET ADDRESS	PO BOX 273759	
CITY-ST-ZIP	BOCA RATON FL 33427	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4/13/01

Date

(561) 361-6800

Daytime Phone #

CR2E034 (10/00)