

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90105 043 ***550.00

DOCUMENT # S08306

1. Entity Name

LYNN G. WAXMAN, P.A.

Principal Place of Business

501 S FLAGLER DR
 SUITE 505
 WEST PALM BEACH FL 33401
 US

Mailing Address

501 S FLAGLER DR
 SUITE 505
 WEST PALM BEACH FL 33401
 US

2. Principal Place of Business

324 DATURA STREET
 Suite, Apt. #, etc.
 201

City & State
 WEST PALM BEACH FL

Zip
 33401

Country
 USA

3. Mailing Address

324 DATURA STREET
 Suite, Apt. #, etc.
 SUITE 201

City & State
 WEST PALM BEACH FL

Zip
 33401

Country
 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0228903

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WAXMAN, LYNN G.
 501 S. FLAGLER DR
 SUITE 505
 W PALM BCH. FL 33401

7. Name and Address of New Registered Agent

Name LYNN G WAXMAN

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

324 DATURA STREET #201

City WEST PALM BEACH FL Zip Code 33401

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 DP ☐ Delete
 NAME WAXMAN, LYNN G.
 STREET ADDRESS 501 S. FLAGLER DR., STE 505
 CITY-ST-ZIP W PALM BCH. FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 324 DATURA STREET SUITE 201
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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
 LYNN G WAXMAN 9/10/02 5:16:54 PM

Daytime Phone #

CR2E034 (4/02)