

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08306

1. Entity Name

LYNN G. WAXMAN, P.A.

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

09-17-2002 90105 043 ***550.00

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

2. Principal Place of Business

324 DATURA STREET

Suite, Apt. #, etc.

201

3. Mailing Address

324 DATURA STREET

Suite, Apt. #, etc.

SUITE 201

City & State

WEST Palm Beach FL

City & State

WEST Palm Beach FL

Zip

33401

Zip

33401

Country

USA

Country

USA

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME WAXMAN, LYNN G.
STREET ADDRESS 501 S. FLAGLER DR., STE 505
CITY-ST-ZIP W PALM BCH. FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

324 DATURA STREET SUITE 201
WEST Palm Beach FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Daytime Phone #

CR2E034 (4/02)