

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90082 021 ***150.00

DOCUMENT # S63106

1. Entity Name
PHILIP L. SCHWARTZ, P.A.



Principal Place of Business

**517 SW FIRST AVENUE
FORT LAUDERDALE FL 33301
US**

Mailing Address

**517 SW FIRST AVENUE
FORT LAUDERDALE FL 33301
US**



2. Principal Place of Business

2000 Glades Road

Suite, Apt. #, etc.

Suite 208

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Address

2000 Glades Road

Suite, Apt. #, etc.

Suite 208

City & State

Boca Raton, FL

Zip

33431

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0272113

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHWARTZ, PHILIP L.

517 SW FIRST AVENUE

FORT LAUDERDALE FL 33301

Change of
address only
→

7. Name and Address of New Registered Agent

Philip L. Schwartz, Esq.

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

2000 Glades Road

Suite 208

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. 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

1-17-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHWARTZ, PHILIP L.
517 SW 1ST AVE
FT LAUDERDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PHILIP L. SCHWARTZ
2000 Glades Road, Suite 208
Boca Raton, FL 33431** ☒ Change ☐ Addition

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03

Date

561-391-9943

Daytime Phone #

CR2E034 (10/02)