## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V01443

Entity Name: THOMAS A. GERO, C.P.A., P.A.

Apr 23, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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300 SOUTH PINE ISLAND ROAD SUITE 227 PLANTATION, FL 33324

**New Mailing Address: Current Mailing Address:** 

300 SOUTH PINE ISLAND ROAD SUITE 227 PLANTATION, FL 33324

FEI Number: 65-0301560 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERO, THOMAS A. GERO, THOMAS A 300 SOUTH PINE ISLAND ROAD 300 SÓUTH PINE ISLAND ROAD SUITE 227 SUITE 227 PLANTATION, FL 33324 US PLANTATION, FL 333242631 US

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: THOMAS A GERO 04/23/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PSTM (X) Change ( ) Addition GERO, THOMAS A., GERO, THOMAS A Name: Name: 300 SOUTH PINE ISLAND RD 300 SOUTH PINE ISLAND RD SUITE 227 Address: Address: City-St-Zip: PLANTATION, FL City-St-Zip: PLANTATION, FL 333242631 US

Title: () Delete Title: ( ) Change (X) Addition GERO, ANDREA C Name: Name:

300 SOUTH PINE ISLAND RD SUITE 227 Address: Address: PLANTATION, FL 333242631 US City-St-Zip: City-St-Zip:

Title: Title: ( ) Change (X) Addition () Delete VD

Name: VOEGTLI, JENNIFER L Name:

300 SOUTH PINE ISLAND RD SUITE 227 Address Address: City-St-Zip: City-St-Zip: PLANTATION, FL 333242631 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A GERO **PSTM** 04/23/2002