


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91085 026 ***150.00

DOCUMENT # V02309

1. Entity Name
WALTER J. POSTULA, P.A.



Principal Place of Business
**777 SOUTH FLAGLER DRIVE
STE 1900 W
W PALM BEACH FL 33401-6198**

Mailing Address
**777 SOUTH FLAGLER DRIVE
STE 1900 W
W PALM BEACH FL 33401-6198**



2. Principal Place of Business
708 EASTWIND DR.

3. Mailing Address
708 EASTWIND DR.

Suite, Apt. #, etc.

City & State
North PALM Beach, FL

City & State
North PALM Beach, FL

Zip
33408-4304 Country
USA

Zip
33408-4304 Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0300810** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**POSTULA, WALTER J.
777 SOUTH FLAGLER DRIVE
1900 PHILLIPS PT. WEST
W PALM BEACH FL 33401-6198**

7. Name and Address of New Registered Agent

Name **WALTER J. Postula** (AGENT Same NAME)

Street Address (P.O. Box Number is Not Acceptable)
708 EASTWIND DR. (New ADDRESS)

City **North PALM Beach** FL Zip Code **33408-4304**

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 understand, the obligations of registered agent.

SIGNATURE **Walter J. Postula** President **March 13, 2003** DATE

(Signature typed or printed name of registered agent and title if applicable) *(NOTE: Registered Agent signature required when reinstating)*

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 POSTULA, WALTER J. 777 S FLAGLER DR S 1900W W PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Postula, WALTER J. 708 EASTWIND DRIVE NORTH PALM BEACH, FL 33408-4304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: **Walter J. Postula** President **March 13, 2003** DATE

NOTARIAL PUBLIC REQUIRED (561) 844-1733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)