

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90082 004 \*\*\*150.00

**DOCUMENT # V07498**

1. Entity Name  
**B. D. LIPKIN, CPA, P.A.**

Principal Place of Business

Mailing Address

**400 SOUTH ATLANTIC AVENUE  
 SUITE 110  
 ORMOND BEACH FL 32176  
 US**

**400 SOUTH ATLANTIC AVENUE  
 SUITE 110  
 ORMOND BEACH FL 32176  
 US**

2. Principal Place of Business

3. Mailing Address

**16 BALLEWOOD CIR**

**16 BALLEWOOD CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Ormond Beach FL**

**Ormond Beach FL**

Zip

Country

Zip

Country

**32176**

**Volusia**

**32176**

**Volusia**

4. FEI Number

**59-3117159**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPKIN, BURTON D.  
 400 SOUTH ATLANTIC AVENUE  
 SUITE 110  
 ORMOND BEACH FL 32176**

Name

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

City

**FL**

Zip Code

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.

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIPKIN, BURTON D. 16 BALLEWOOD CIRCLE ORMOND BEACH FL 32176</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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

Date

Daytime Phone #

**4/16/02**

**(386) 441-2479**