FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90145 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08453

1. Entity Name
ADELMAN & ADELMAN, P.A.

NC 2/3/03

Principal Place of Business	Mailing Address
8020 WILES ROAD SUITE 11 CORAL SPRINGS, FL 33067 US	8020 WILES ROAD SUITE 11 CORAL SPRINGS, FL 33067 US

2. Principal Place of Business — Suite, Apt #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt #, etc. — City & State — Zip — Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0331054** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADELMAN, LAURENCE T.
8020 WILES ROAD
SUITE 11
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-28-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	President / Sec'y	☐ Delete
NAME	ADELMAN, LAURENCE T.	
STREET ADDRESS	8020 WILES ROAD, SUITE 11	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-President	☐ Change ☑ Addition
NAME	Jeffrey A. Adelman	
STREET ADDRESS	8020 Wiles Road Suite 11	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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] 4-28-03 (954) 341-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #