2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V41727 **DOCUMENT #**

MICHAE	EL GARLICK, P.A.				02-13-2003 90212			
1515 N FEO SUITE 300	ace of Business DERAL HIGHWAY ON FL 33432	Mailing Address 17116 NEWPORT CL BOCA RATON FL 33						
2. Principa	I Place of Business	3. Mailing Address	3. Mailing Address			19018 11011 1801 01011		
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKIN			
City & S	tate	City & State	City & State			4. FEI Number 65-0327142		
Zip	Country	Zip	Cou	untry	5. Certificate of Status De	sired 🗀		
	6. Name and Address of Cu	urrent Registered Agent			7. Name and Address of New Registered			
	0. 10.			Name				
GARLIC	CK, MICHAEL			Street Addres	(P.O. Box Number is Not Acceptable)			
1515 N	ORTH FEDERAL HIGHWAY		Oliber / Gelos					
SUITE S	300							
BOCA I	RATON FL 33432			City	FI			
8. The about the obligation	ove named entity submits this stater gations of registered agent.	nent for the purpose of changing	ng its registe	ered office or regis	stered agent, or both, in the Stat	te of Florida. I an		
SIGNATUR	Signature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Regist	ered Agent signature req	uired when reinstating)	DATE		
Al Make Ch	FILE NOW!!! FEE IS \$150.0 fter May 1, 2003 Fee will be \$55 eck Payable to Florida Departm	00 50.00			9. Election Campa Trust Fund Con	ntribution.		
10.	OFFICER	S AND DIRECTORS	1	1	ADDITIONS/CHANGES	TO OFFICERS AN		
TITLE	D	☐ Delete		ITLE				
NAME	GARLICK, MICHAEL			AME Treet address				
STREET ADDRE	ss 17116 NEWPORT CLUB DE	TIVE	1 8	INEEL ADDRESS				

FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90212 010 ***150.00

Principal Place of Business 1515 N FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432		17116 I BOCA	Mailing Address 17116 NEWPORT CLUB DR BOCA RATON FL 33496								
Principal Place of Business Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Conto, Apr. 7			Suite, 1 p. 1. 1, 1 p. 1.				I A - C-I C-I				
City & State		City & State				4. FI	65-0327142		Not	plied For Applicable	
Zip	Country	Country Zip Cour				5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
0.15/10/	180115			L	Name						
GARLICK,			Street Address (F			ss (P.O. Bo	(P.O. Box Number is Not Acceptable)				
	TH FEDERAL HIGHWAY			-	<u>.</u>		· · · · · · · · · · · · · · · · · · ·				
SUITE 300 BOCA RA	TON FL 33432		City					FL	Zip Code	,	
the obligati	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered age				office or regi			, I am fa	niliar with, a	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				• ·		Election Campaign Financ Trust Fund Contribution. DITIONS/CHANGES TO OFFICEI		Added	O May Be to Fees		
10.	OFFICERS AN	D DIRECTOR		11.	1	AUI	DITIONS/CHANGES TO OFFICE		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D Garlick, Michael 17116 NewPort Club Drive Boca Raton Fl 33496		☐ Delete	NAME STREET CITY-S	ADDRESS T-ZIP			<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V			TITLE NAME STREET CITY-S	ADDRESS	e de la composição	e centralizações de la composição de la co	٠ عد مر	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	·			☐ Change	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 empowered.

SIGNATURE: