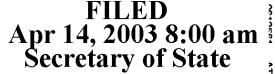
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** F97000006439 DOCUMENT # 1. Entity Name ZWICKER & ASSOCIATES, P.C.



04-14-2003 90096 002 \*\*\*150.00



Principal Place of Business Mailing Address 100 OLD RIVER RD 100 OLD RIVER RD SUITE 2 SUITE 2 ANDOVER MA 01810-1030 ANDOVER MA 01810-1030 2. Principal Place of Business 3. Mailing Address 800 Federal Street Street 800 Federal Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-3131560 Andover Andover Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 01810 01810 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PCST** ☐ Addition TITLE ☐ Delete TITLE Change ZWICKER, PAUL W NAME NAME P.O. BOX 1597 STREET ADDRESS STREET ADDRESS ANDOVER MA 01810-0027 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supply cental eport is frue 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 of xustee 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:

ATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #