

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90006 047 ***150.00

DOCUMENT # K36211

1. Entity Name

STEVEN G. GLUCKSMAN, P.A.

Principal Place of Business

Mailing Address

98 NW TERRACE RD
 STUART FL 34994
 US

908 NW TERRACE RD
 STUART FL 34994-8929
 US

2. Principal Place of Business

3. Mailing Address

10651 S. U.S. Hwy #1
 Suite, Apt. #, etc.

10651 S. U.S. Hwy #1
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Port St. Lucie

Port St. Lucie

4. FEI Number

65-0072485

Applied For

Not Applicable

Zip **34952**

Country **St. Lucie**

Zip **34952**

Country **St. Lucie**

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

GLUCKSMAN, STEVEN G.
908 TERRACE RD, NW
STUART FL 34994

Name

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

10651 S.O. U.S. Hwy #1

City

Port St. Lucie

FL

Zip Code

34952

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

Steven G. Glucksman

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, 2000 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	<input type="checkbox"/> Delete
D	GLUCKSMAN, STEVEN G.	908 N.W. TERRACE ROAD	STUART FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Glucksmann, Steven G.	10651 S.O.S Highway #1	Port St. Lucie, FL 34952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 lines empowered.

SIGNATURE:

Steven G. Glucksman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN G. GLUCKSMAN

1-17-00
 Date

561-337-6172
 Daytime Phone #

CR2E034 (9/99)