

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 596193

1. Entity Name

LINDSLEY & PEREIRA, P.A., CERTIFIED PUBLIC ACCOU

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90059 001 ***150.00

Principal Place of Business

33 SE 7TH ST.
SUITE G
BOCA RATON FL 33432

Mailing Address

33 SE 7TH ST.
SUITE G
BOCA RATON FL 33432-7461

2. Principal Place of Business

1650 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 203

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Address

1650 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 203

City & State

BOCA RATON, FL

Zip

33432

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1865638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDSLEY, FRED O.
7131 TURTLEWALK
BOCA RATON FL 33487

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.

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, 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

TITLE P ☐ Delete
NAME LINDSLEY, FRED O.
STREET ADDRESS 7131 TURTLEWALK
CITY-ST-ZIP BOCA RATON FL 33487

TITLE T ☐ Delete
NAME PEREIRA, JAY J
STREET ADDRESS 6503 NORTH MILITARY TRAIL #4400
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME PEREIRA, JAY J
STREET ADDRESS 5707 VIA DE LA PLATA CIRCLE
CITY-ST-ZIP DELRAY, FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

May Pereira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(361) 347-1844