

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90130 036 ***150.00

DOCUMENT # 681775
 1. Entity Name
AHEARN, JASCO & COMPANY, P.A.

Principal Place of Business Mailing Address
190 S.E. 19 AVENUE **190 S.E. 19 AVENUE**
POMPANO BEACH FL 33060 **POMPANO BEACH FL 33060-7541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2008973** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AHEARN, THOMAS F
190 S.E. 19 AVENUE
POMPANO BEACH FL 33060

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	DP	<input type="checkbox"/> Delete
NAME	AHEARN, THOMAS F.	
STREET ADDRESS	190 S.E. 19 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BORKOWSKI, MIKE	
STREET ADDRESS	190 S.E. 19 AVE.	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCDONOUGH, REBECCA L	
STREET ADDRESS	190 SE 19 AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOUPIN, WILLIAM R	
STREET ADDRESS	190 SE 19TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAUMOT, FRANKE	
STREET ADDRESS	190 S. E. 19TH AVE.	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PALERMO, ANTHONY	
STREET ADDRESS	190 S.E. 19TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 empowerments.

SIGNATURE: _____ **1/19/00** **954-781-8800 #102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)