

FILED

May 26 1998 8:00am

Secretary of State

APR-26-98 11:37 AM
APR-20-98 11:37 AM

1998



Secretary of State
100 SOUTH FLORIDA AVENUE

DOCUMENT #

K79914

1. Corporation Name

JEFF TOMBERG, J.D., P.A.
P. O. Drawer EE
Boynton Beach, FL 33425

Principal Place of Business

626 S. E. 4th Street P.O. Drawer EE
Boynton Beach, FL 33435 Boynton Bch, FL 33425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/89

4. FICITION No.
65-0103087

2. Principal Place of Business

21 626 S. E. 4th Street

2a. Mailing Address

26 P. O. Drawer EE

State, Apt. #, etc.

State, Apt. #, etc.

City & State

23 Boynton Beach, FL

City & State

27 Boynton Beach, FL

Zip

33435

County

25 Palm Bch

Zip

29 33425

County

30 Palm Bch

5. Certificate of Status Desired ☐

\$8.75 Add'l Fee

6. Election Campaign Financing (Trust Fund Contribution) ☐

\$5.00 Add'l Fee

8. This corporation owes or has paid the current year delinquent Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jeff Tomberg, Esq.
626 S. E. 4th Street
Boynton Beach, FL 33435

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 and 607.1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0205, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12.1 NAME	PVPSTD	☐ FULL
12.2 NAME	Jeff Tomberg	
12.3 STREET ADDRESS	626 S. E. 4th Street	
12.4 CITY, ST, ZIP	Boynton Beach, FL 33435	
12.5 NAME		
12.6 STREET ADDRESS		
12.7 CITY, ST, ZIP		
12.8 NAME		
12.9 STREET ADDRESS		
12.10 CITY, ST, ZIP		
12.11 NAME		
12.12 STREET ADDRESS		
12.13 CITY, ST, ZIP		
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		

13.1 NAME		☐ Change ☐ Add
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 NAME		
13.6 STREET ADDRESS		
13.7 CITY, ST, ZIP		
13.8 NAME		
13.9 STREET ADDRESS		
13.10 CITY, ST, ZIP		
13.11 NAME		
13.12 STREET ADDRESS		
13.13 CITY, ST, ZIP		
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		

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14. I hereby certify that the information furnished on this filing does not comply for the exemption stated in Section 607.0201, Florida Statutes. I have verified the accuracy of the information and that my signature shall have the same legal effect as if made under oath. I have verified to include this report as required by Chapter 607, Florida Statutes, and that my name appears on the report.

JEFF TOMBERG, PRESIDENT/DIRECTOR