

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90070 025 ***150.00

DOCUMENT # P01000113239

1. Entity Name

SAMANTHA D. MALLOY, P.A.

Principal Place of Business

**315 SE 7TH STREET, SUITE 200
 FORT LAUDERDALE FL 33301**

Mailing Address

**315 SE 7TH STREET, SUITE 200
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business

**700 So. Andrews Ave
 Suite, Apt. #, etc.
 200
 Ft. Lauderdale FL**

3. Mailing Address

**700 So Andrews Ave
 Suite, Apt. #, etc.
 200
 Ft. Lauderdale FL**



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-1156555

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LASHBROOK, PAUL

**315 SE 7TH STREET, SUITE 200
 FORT LAUDERDALE FL 33301**

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, 2002 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 **PST** ☐ Delete
 NAME **MALLOY, SAMANTHA D**
 STREET ADDRESS **315 SE 7TH STREET, SUITE 200**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **VPD** ☐ Delete
 NAME **MALLOY, SAMANTHA D**
 STREET ADDRESS **315 SE 7TH STREET, SUITE 200**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
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 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 **700 So. Andrews Ave, Suite 200**
 CITY-ST-ZIP **Ft. Lauderdale FL 33316**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **700 So. Andrews Ave, Ste 200**
 CITY-ST-ZIP **Ft. Lauderdale FL 33316**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

SAMANTHA D. MALLOY
 PRESIDENT

2/15/02

954.462.5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)