

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90165 033 \*\*\*150.00

0348210 AV

**DOCUMENT # S29499**

1. Entity Name  
**JAMES K. GREEN, P.A.**

Principal Place of Business  
**250 AUSTRALIAN AVE S  
SUITE 1602  
WEST PALM BEACH FL 33401  
US**

Mailing Address  
**250 AUSTRALIAN AVE S  
SUITE 1602  
WEST PALM BEACH FL 33401  
US**



2. Principal Place of Business

3. Mailing Address

**222 LAKEVIEW AVE.**

**222 LAKEVIEW AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE. 1630**

**STE 1630**

City & State

City & State

**W. PALM BEACH, FL**

**W. PALM BEACH, FL**

Zip

Country

Zip

Country

**33401**

**USA**

**33401**

**USA**

4. FEI Number

**65-0237007**

Applied For

Not Applicable

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

**GREEN, JAMES K.  
250 AUSTRALIAN AVENUE, SOUTH  
SUITE 1602  
WEST PALM BEACH FL 33401**

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

**3/25/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **GREEN, JAMES K**  
STREET ADDRESS **250 AUSTRALIAN AVE SOUTH SUITE 1602**  
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ Change ☐ Addition  
NAME **222 LAKEVIEW AVE.** ☒ Change (ADDRESS ONLY)  
STREET ADDRESS **STE. 1630**  
CITY-ST-ZIP **W. PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/02 (561) 659-2029**

CR2E034 (9/01)