FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 09, 2001 8:00 am **DOCUMENT # 665477** Secretary of State 1. Entity Name LAW OFFICES OF JEROLD HART, P.A. 05-09-2001 90003 009 \*\*\*158.75 Principal Place of Business Mailing Address 7805 SW 6TH COURT PO BOX 550617 PLANTATION FL 33324 FT LAUDERDALE FL 33355-0817 3. Mailing Address 500 E. BROWARD BLVD 2. Principal Place of Business 500 E. BROWARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1800 City & State City & State Applied For 4. FFI Number 59-2010871 FL FT. LAUDERBALE. T. LAUDERDALE, FL Not Applicable Country USA 3<sup>Zip</sup>3394 \$8.75 Additional 5. Certificate of Status Desired 3 3394 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JERULD HART HART, JEROLD (ESQUIRE) Street Address (P.O. Box Number is Not Acceptable) 7805 SW 6TH COURT PLANTATION FL 33324 500 E. BROWARD BLUD Zio Code 3 3 9.4 LAUDERDALE 8. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PVS **PVS** Change CR2E034 (10/00) TITLE Delete NAME HART, JEROLD JERULD HART 2059 QUAIL ROUST DR. STREET ADDRESS STREET ADDRESS 2201 SW 115 TERR WESTON, FL CITY-ST-ZIP CITY-ST-7IP DAVIE FL 33325 DTC TITLE DTC ☐ Delete TITLE Change HART, JEROLD JEROLD HART NAMÉ NAME 2059 QUAIL ROUST DR. STREET ADDRESS STREET ADDRESS 2201 SW 115 TERR CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33327 DAVIE FL 33325 m TITLE ☐ Delete TITLE ☐ Change ■ Addition JEROLD HART HART, JEROLD NAME NAME STREET ADDRESS STREET ADDRESS 2059 QUAIL ROUST DR. 2201 SW 115 TERR CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 WESTON, FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.