

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **665477**
 1. Entity Name
LAW OFFICES OF JEROLD HART, P.A. ✓

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90967 042 ***158.75

Principal Place of Business
7805 SW 6th CT
PLANTATION, FL
33324

Mailing Address
P.O. Box 550817
FT. LAUDERDALE, FL
33355-0817

2. Principal Place of Business
7805 SW 6th COURT
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 550817
 Suite, Apt. #, etc.

City & State
PLANTATION FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
59-2010871

Applied For
 Not Applicable

Zip
33324

Country
USA

Zip
33355-0817

Country
USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JEROLD HART
2201 SW 115th TER.
DAVIE, FL 33325

7. Name and Address of New Registered Agent

Name
JEROLD HART

Street Address (P.O. Box Number is Not Acceptable)
7805 SW 6th COURT

City
PLANTATION

FL

Zip Code
33324

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  **JEROLD HART** DATE **4-27-00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEROLD HART		NAME		
STREET ADDRESS	7805 S.W. 6th CT.		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	DTC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEROLD HART		NAME		
STREET ADDRESS	7805 S.W. 6th CT.		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEROLD HART		NAME		
STREET ADDRESS	7805 SW 6th CT.		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **JEROLD HART, PRES.** DATE **4-27-00** DAYTIME PHONE # **954-476-2469**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)