

FILED
May 19, 2003 8:00 am
Secretary of State

04-23-2003 90140 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F45801

1. Entity Name
JEROME L. HALL, P.A.



Principal Place of Business
5820 SURREY CIRCLE EAST
DAVIE FL 33331
US

Mailing Address
5820 SURREY CIRCLE EAST
DAVIE FL 33331
US

55041837



2. Principal Place of Business

P.O. Box 451951

Suite, Apt. #, etc.

SUNRISE, FLA.

City & State

3. Mailing Address

P.O. Box 451951

Suite, Apt. #, etc.

SUNRISE, FLA.

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2187486

Applied For
☐ Not Applicable

Zip 33345-1951

Country

BROWARD

Zip 33345-1951

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, JEROME L.

5820 SURREY CIRCLE EAST

DAVIE FL 33331

Name HALL, Jerome L.

Street Address 4801 S. UNIVERSITY DR.

3000

City DAVIE

FL

Zip Code 33328

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HALL, JEROME L. ☒ Delete
STREET ADDRESS 5820 SURREY CIRCLE EAST
CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE HALL, Jerome L. ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 451951
CITY-ST-ZIP SUNRISE, FLA. 33345-1951

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

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

TITLE
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

4-21-03

Date

(954) 791-9698

Daytime Phone #

CR2034 (10/02)