

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

0022411 AV

DOCUMENT # F78622

1. Entity Name
JERROLD A. COFF, P.A.

07-17-2001 90001 006 ***150.00

Principal Place of Business
2850 EVANS STREET
HOLLYWOOD FL 33020

Mailing Address
2850 EVANS STREET
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2189099**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COFF JERROLD A
2850 EVANS STREET
HOLLYWOOD FL 33020

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **COFF, JERROLD A**
 STREET ADDRESS **2850 EVANS STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Law Offices

JERROLD A. COFF, P.A.

Attachment
F78622
A00770489

The Universal Building
Suite 201
2850 Evans Street
Hollywood, Florida 33020
Telephone (954) 927-1070
Fax (954) 927-2070

July 11, 2001

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

RE: Jerrold A. Coff, P.A.

Dear Sirs:

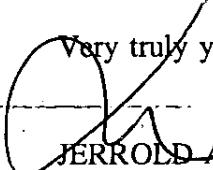
Enclosed is our check (#5688) in the amount of \$150.00 for the filing fee on Jerrold A. Coff, P.A. for year 2001/2002. I also enclose the signed Uniform Business Report.

I received the enclosed report last week and became concerned because the filing was not completed in May, 2001. I did not receive the first request for filing which explains why the second request was mailed to my office.

I have been incorporated since 1982; and have never filed late. Please check your records to verify if the first request for the report was timely mailed to my office. I have no record of receiving the first request.

Please provide me with confirmation the corporation is active and current. Thank you for your cooperation.

Very truly yours,


JERROLD A. COFF

JAC:ccm

secstate.ltr