

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**  
 04-28-2001 90055 006 \*\*\*150.00

**DOCUMENT # F89621**

1. Entity Name

**SAMUEL F. MAY JR. AND COMPANY, P. A.**

Principal Place of Business

Mailing Address

23123 STATE RD 7 #210  
 BOCA RATON FL 33428  
 US

23123 STATE RD 7 #210  
 BOCA RATON FL 33428  
 US

2. Principal Place of Business

3. Mailing Address

20283 State Road 7

20283 State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State  
 Boca Raton, Florida

City & State  
 Boca Raton, Florida

Zip  
 33498

Country  
 U.S.A.

Zip  
 33498

Country  
 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2216390

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

MAY, SAMUEL F, JR  
 23123 STATE RD 7 #210  
 BOCA RATON FL 33428

Name  
 Samuel F May Jr  
 Street Address (P.O. Box Number is Not Acceptable)  
 20283 State Road 7  
 Suite 300  
 City  
 Boca Raton FL Zip Code  
 33498

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 *Samuel F May Jr*  
 Signature, typed or printed name of registered agent and title if applicable.

*Samuel F May Jr*

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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 \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MAY, SAMUEL F, JR 23123 STATE RD 7 #210 BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Samuel F May Jr 20283 State Road 7, Suite 300 Boca Raton, Florida 33498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Samuel F May Jr* Samuel F May Jr President

4/23/01

Date

Daytime Phone #

CR2E034 (10/00)