

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F91019

1. Entity Name

David Kaufman & Associates, Inc.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90148 040 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

~~2103 Bishop Estates Rd~~
Suite, Apt. #, etc.

~~2103 Bishop Estates Rd~~
Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32259

32259

4. FEI Number

59-2205154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0041611

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kaufman, David A.
2103 Bishop Estates Road
Jacksonville, FL 32259

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 \$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 CA
NAME Kaufman, David A.
STREET ADDRESS 2103 Bishop Estates Road
CITY-ST-ZIP Jacksonville, FL ☐ Delete

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

TITLE NAME C
NAME Kaufman, Nancy A.
STREET ADDRESS 2103 Bishop Estates Road
CITY-ST-ZIP Jacksonville, FL ☐ Delete

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

TITLE NAME P
NAME Kaufman, Thomas
STREET ADDRESS 5190 Julington Forest Lane
CITY-ST-ZIP Jacksonville, FL ☐ Delete

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

TITLE NAME ST
NAME Kaufman, Margaret
STREET ADDRESS 5190 Julington Forest Lane
CITY-ST-ZIP Jacksonville, FL ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME ☐ Change ☐ Addition
NAME
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:

Thomas Kaufman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Kaufman

3/28/01

(904)

287-25336

CR2E034 (11/00)