## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State G38266 **DOCUMENT #** 1. Entity Name 05-15-2002 90145 034 \*\*\*150.00 J. RANDALL JACKSON, D.C., P.A. Principal Place of Business Mailing Address 1717 N FEDERAL 1717 N FEDERAL 0044b7 LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2292508 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired 😓 🔲 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRADEN, DANA D. Street Address (P.O. Box Number is Not Acceptable) S-319 FORUM III, 1655 PALM BCH. LKS. BLVD W PALM BCH, FL 33401 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE RANDALL, JACKSON J NAME NAME STREET ADDRESS 1715 N. FEDERAL HWY STREET ADDRESS LAKE WORTH FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 chapted or on an attempting the pandress with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M/n/po 34 583