

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40544

1. Entity Name

CATHY JACKSON LERMAN, P.A.

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90038 046 ***150.00

Principal Place of Business

Mailing Address

5811 NW 96TH DR
PARKLAND FL 33076
US

5811 NW 96TH DR
PARKLAND FL 33071-5012
US

00001400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12180 NW 9th Place
Suite, Apt. #, etc.

12180 NW 9th Place
Suite, Apt. #, etc.

City & State

City & State

Coral Springs FL
Zip 33071 Country

Coral Springs FL
Zip 33071 Country

4. FEI Number

59-2490205

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

LERMAN, CATHY JACKSON
5811 NW 96TH DR
PARKLAND FL 33076

Name

Street Address (P.O. Box Number is Not Acceptable)

12180 NW 9th Place

City

Coral Springs

FL

Zip Code 33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida.

SIGNATURE

Cathy Jackson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-00

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, 2000 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	<input type="checkbox"/> Delete
PD	LERMAN, CATHY JACKSON	5811 NW 96TH DR	PARKLAND FL	<input type="checkbox"/>
ST	LERMAN, CATHY JACKSON	5811 NW 96TH DR	PARKLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		12180 NW 9th Place	Coral Springs, FL 33071	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		12180 NW 9th Place	Coral Springs, FL 33071	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy Jackson

Date

2-13-00

Daytime Phone #

954-341-3568

CR2E034 (9/99)