

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90064 021 ***150.00

DOCUMENT # K89022

1. Entity Name

T. S. JAEGER, P.A.

Principal Place of Business

Mailing Address

7481 W OAKLAND PK BLVD
 1ST FLOOR NO
 FT LAUDERDALE FL 33319
 US

7481 W OAKLAND PK BLVD
 1ST FLOOR NO
 FT LAUDERDALE FL 33319-4985
 US

LU036330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

300 SW 2 St.
 Suite Apt. #, etc.
 #1

300 SW 2 St
 Suite Apt. #, etc.
 #1

City & State
 FT LAUD FL
 Zip
 33312
 Country
 BRWD

City & State
 FT LAUD, FL
 Zip
 33312
 Country
 BRWD

4. FEI Number 65-0122766

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

JAEGER, THOMAS S.
 7481 W OAKLAND PK BLVD
 1ST FLOOR NO
 FT LAUDERDALE FL 33319

Name
 JAEGER, THOMAS, S.
 Street Address (P.O. Box Number is Not Acceptable)
 300 SW 2 St
 SUITE 1
 City FT LAUD FL Zip Code 33312

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

Thomas S. Jaeger

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

(NOTE: Registered Agent signature required when reinstating)

3/8/00
 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, 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	P JAEGER, THOMAS S. 7481 W OAKLAND PK BLVD, 1ST FLOOR NO FT LAUDERDALE FL	<input checked="" 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	JAEGER, THOMAS S. 300 SW 2 St. SUITE 1 FT LAUD., FL. 33312	<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
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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

CR2E034 (9/99)

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

Thomas S. Jaeger 3/8/00 954 7644303
 Date Daytime Phone #