

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90651 050 \*\*\*150.00

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|   |   |   |         |
|---|---|---|---------|
| <b>DOCUMENT # L48285</b>  |   |   |         |
| 1. Entity Name<br><b>JEROME A. BAUMAN, P.A.</b>   |   |   |         |
| Principal Place of Business<br><b>7119 W. BROWARD BLVD<br/>PLANTATION FL 33317</b>  |   | Mailing Address<br><b>7119 W. BROWARD BLVD<br/>PLANTATION FL 33317</b>  |         |
| 2. Principal Place of Business  |   | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |         |
| City & State  |   | City & State  |         |
| Zip   | Country   | Zip   | Country |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent   |         |
| <b>BAUMAN, JEROME A., ESQ.</b><br><b>7119 W BROWARD BLVD</b><br><b>PLANTATION FL 33317</b>  |   | Name  |         |
|   |   | Street Address (P.O. Box Number is Not Acceptable)  |         |
|   |   | City  |         |
|   |   | State <b>FL</b> 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 _____ (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. <input type="checkbox"/> (See criteria on back)   |   | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |         |
|   |   | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                    |         |
| 11. OFFICERS AND DIRECTORS  |   |   |         |
| TITLE   | D <input type="checkbox"/> Delete                                 |   |         |
| NAME  | <b>BAUMAN, JEROME A., ESQ.</b>                                    |   |         |
| STREET ADDRESS  | <b>7119 W. BROWARD BLVD</b>                                       |   |         |
| CITY-ST-ZIP   | <b>PLANTATION FL 33317</b>  |   |         |
| TITLE   | <input type="checkbox"/> Delete                                   |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| TITLE   | <input type="checkbox"/> Delete                                   |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| TITLE   | <input type="checkbox"/> Delete                                   |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| TITLE   | <input type="checkbox"/> Delete                                   |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| TITLE   | <input type="checkbox"/> Delete                                   |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| TITLE   | <input type="checkbox"/> Delete                                   |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |         |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |         |
| NAME  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered. |   |   |         |
| SIGNATURE: <u><i>Jerome A. Bauman</i></u> <b>JEROME A. BAUMAN</b> 3/22/02 954-424-3306  |   |   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |   |   |         |



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)