

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M07345

1. Entity Name

JAY H. WILLER & ASSOCIATES, INC.

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

03-13-2000 90027 040 \*\*\*150.00

Principal Place of Business

Mailing Address

5925 RODMAN ST.  
HOLLYWOOD FL 33023  
US

2681 S. CONCOURSE DR.  
STE 201 - BLDG 22  
POMPANO BEACH FL 33069  
US

2. Principal Place of Business

2681 S. Concourse Dr. #

3. Mailing Address

Suite, Apt. #, etc.

Ste. 201, Bldg 22

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33069

Country

US

Zip

Country

4. FEI Number

59-2461085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLER, JAY H.  
2681 S. COURSE DRIVE STE 201  
BLDG 22  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete  
NAME **WILLER, BETTY K**  
STREET ADDRESS **2681 S. COURSE DR STE 201-BLDG 22**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **P** ☐ Delete  
NAME **WILLER, JAY H**  
STREET ADDRESS **2681 S. COURSE DR. STE 201-BLDG 22**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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:

*Jay H. Willer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay H. Willer

3-8-0000

Date

RY 971 4093

Daytime Phone #

CR2E034 (9/99)