

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085199

1. Entity Name  
LYNNE HAMPTON, P.A.

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90821 050 \*\*\*150.00

Principal Place of Business  
2787 E OAKLAND PARK BLVD STE 303  
FT LAUDERDALE FL 33306

Mailing Address  
2787 E OAKLAND PARK BLVD STE 303  
FT LAUDERDALE FL 33306

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2500 N. Federal Hwy  
Suite, Apt. #, etc.  
Suite 100  
City & State  
Ft. Lauderdale FL

3. Mailing Address  
2500 N Federal Hwy  
Suite, Apt. #, etc.  
Suite 100  
City & State  
Ft. Lauderdale FL

4. FEI Number  
31-1727668  
Applied For  
Not Applicable

Zip  
33305  
Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
JACOBSON, DANIEL A  
2787 E OAKLAND PARK BLVD STE 303  
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2500 North Federal Hwy Suite 100  
City Ft. Lauderdale FL Zip Code 33305

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 DATE 4/27/2001  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Lynne Hampton, Pres.  
Lynne Hampton, President  
4/27/2001 954567238  
Date Daytime Phone #

CR2E034 (10/00)