

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90821 040 ***150.00

DOCUMENT # P00000085200

1. Entity Name
HAMPTON & JACOBSON, P.A.

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**

UUU47743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2500 N Federal Hwy
Suite, Apt. #, etc.
Suite 100

3. Mailing Address
2500 N Federal Hwy
Suite, Apt. #, etc.
Suite 100

City & State
Ft Lauderdale FL
Zip
33305
Country
US

City & State
Ft. Lauderdale FL
Zip
33305
Country
US

4. FEI Number
31-1727672
Applied For
☐ Not Applicable

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

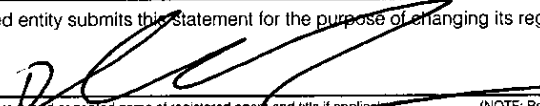
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, DANIEL A
~~**2787 E OAKLAND PARK BLVD STE 303
FT LAUDERDALE FL 33306**~~

Name
Street Address (P.O. Box Number is Not Acceptable)
2500 N 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 **4/27/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
Lynne Hampton, PA
2500 N. Federal Hwy Suite 2500
Ft. Lauderdale FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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
Lynne Hampton PA

4/27/2001 954 567 2307
DATE DAYTIME PHONE #
Lynne Hampton, President

CR2E034 (10/00)