## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000003290 **DOCUMENT#**

1. Entity Name

J. JONES-COPPOLA, P.A.



Feb 28, 2003 8:00 am Secretary of State
02-28-2003 90172 025 \*\*\*150.00 **FILED** 

Principal Place of Business 258 COMMERCIAL BOULEVARD ŁAUDERDALE-BY-THE-SEA FL 33308				Mailing Address 258 COMMERCIAL BOULEVARD LAUDERDALE-BY-THE-SEA FL 33308					II								
2. Principal Place of Business					3. Mailing Address								<b>[         </b>				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
City & State					& State	<del></del>		4. FEI Number 65-1073038					Applied For Not Applicable				
Zip	Country				Zip Cou			itry 5.			tatus De	sired			<b>B.75</b> Ad	ditional	
	6. Name	and Addr	ess of Current F	egistere	d Agent			7	7. Name	and Ad	dress of	New I	Registe	red Ag	ent		
JONES-COPPOLA, JULIE 258 COMMERCIAL BOULEVARD LAUDERDALE-BY-THE-SEA FL 33308								Name Street Address (P.O. Box Number is Not Acceptable)									
TODERONEE BY THE DEAT E DOUBLE					•			City						Zip Code			
8. The above	named entity	submits t	his statement for	the purp	ose of changing its	registere	ed office or	reaistered	agent or	both, in	the Stat	e of Fl		_	niliar with	and accept	
the obligat	ions of registe	ered agen	i.					gioloroa	agoni, or	5000, 11	ino otal	00,11	onda. 1	arr rai	mica: viici,	and decept	
SIGNATURE .																	
	Signature, typed	or printed nam	e of registered agent an	d title if app	licable. (NOTE	: Registered	d Agent signatur	e required who	en reinstating)	ľ			DA	TE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									9.		n Campa und Con	-	_			00 May Be d to Fees	
10.		, (	OFFICERS AND D	IRECTO	RS	11.			ADDITIO	NS/CH/	NGES T	O OFF	ICERS	AND D	IRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IERCIAL	JULIE Boulevard He-sea Fl 333	08	☐ Delete										☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS					□ Delete		T ADDRESS							-	] Change	☐ Addition	
12.   hereby c	ertify that:the	informatic	n supplied with the	nis filina i	does not qualify for		ST-ZIP	d in Section	n 110 07/	3)(i) El	orido Sto	tuton	further		that the i	afarmation	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

URE FIRE HORED COPPORA, PRES SIGNATURE: \_x

FEBRUARY 26, 2003

Date