

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90894 036 ***150.00

DOCUMENT # P01000080130

1. Entity Name
HESS & O'LOUGHLIN, P.A.

Principal Place of Business

50 N.E. 26TH AVENUE
SUITE 311
POMPANO BEACH FL 33062

Mailing Address

50 N.E. 26TH AVENUE
SUITE 311
POMPANO BEACH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

520 S.E. 5th AVENUE
SUITE 2104

3. Mailing Address

Post Office Box 460505

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
65-1129395

Applied For
Not Applicable

Zip

33301

Country

U.S.

Zip

33346-0505

Country

U.S.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HESS, EPHRAIM R
50 N.E. 26TH AVENUE
SUITE 311
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name
EPHRAIM R. HESS
Street Address (P.O. Box Number is Not Acceptable)
520 S.E. 5th AVENUE
SUITE 2104
City
FORT LAUDERDALE FL
Zip Code
33301

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, 2002 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	<input type="checkbox"/> Delete
NAME	HESS, EPHRAIM R	
STREET ADDRESS	50 N.E. 26TH AVENUE, SUITE 311	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'LOUGHLIN, COLLEEN K	
STREET ADDRESS	50 N.E. 26TH AVENUE, SUITE 311	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	520 S.E. 5th AVENUE, SUITE 2104
STREET ADDRESS	FORT LAUDERDALE, FL 33301
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	520 S.E. 5th AVENUE, SUITE 2104
STREET ADDRESS	FORT LAUDERDALE, FL 33301
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 all other like empowered.

SIGNATURE:

Colleen Kathryn O'Loughlin
Signature and Typed or Printed Name of Signing Officer or Director

Colleen Kathryn O'Loughlin
4-26-02
954-942-5577

Date

Daytime Phone #

CR2E034 (9/01)