## **2002 UNIFORM BUSINESS REPORT (UBR)**

TURE AND TYPED OR PRINTED NAME OF SIGN

## Mar 05, 2002 8:00 am Secretary of State P01000080969 DOCUMENT # 1. Entity Name JONATHAN E. LITZ, P.A. 03-05-2002 90138 044 \*\*\*150.00 Principal Place of Business Mailing Address 22197 SW 64 WAY 22197 SW 64 WAY **BOCA RATON FL 33428 BOCA RATON FL 33428** 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired U.S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LITZ, JONATHAN E 22197 SW 64 WAY **BOCA RATON FL 33428** 8. The above named explty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITI F LITZ, JONATHAN E NAME NAME 22197 SW 64 WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 Aith an address, withall other like empo

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