

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90195 001 \*\*\*150.00

DOCUMENT # P01000080969

1. Entity Name

JONATHAN E. LITZ, P.A.

South Dixie Highway  
1600 Suite 300



Principal Place of Business

1499 W. PALMETTO PARK ROAD  
SUITE 152  
BOCA RATON FL 33486

Boca Raton, FL 33432

Mailing Address

1499 W. PALMETTO PARK RD.  
SUITE 497  
BOCA RATON FL 33486

1499 W. Palmetto Park Rd  
Suite 152  
Boca Raton, FL 33486

Suite 300  
Boca Raton, FL 33432

2. Principal Place of Business

1600 South Dixie Hwy  
Suite, Apt. #, etc.  
300

City & State

Boca Raton, FL

Zip  
33432

Country  
Palm

3. Mailing Address

1600 South Dixie Highway  
Suite, Apt. #, etc.  
300

City & State

Boca Raton, FL

Zip  
33432

Country  
Palm

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1128566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LITZ, JONATHAN E  
1487 W. PALMETTO PARK ROAD  
SUITE 497  
BOCA RATON FL 33486

Litz, Jonathan E  
22197 SW 64th Way  
Boca Raton, FL 33428

7. Name and Address of New Registered Agent

Litz, Jonathan E  
22197 SW 64th Way  
Boca Raton, FL 33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	LITZ, JONATHAN E	STREET ADDRESS	1487 W. PALMETTO PARK ROAD STE 497	CITY-ST-ZIP	BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	LITZ, JONATHAN E	STREET ADDRESS	22197 SW 64th Way	CITY-ST-ZIP	BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

2-19-03

561-392-6711

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #

THE LAW OFFICES OF JONATHAN E. LITZ, P.A.

1600 South Dixie Highway

Suite 300

Boca Raton, Florida 33432

P: (561) 392-6711

F: (561) 392-6717

5801578  
P0100008096

February 25, 2003

Via Regular Mail

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

RE: Change of Address of corporation and registered agent for Jonathan E. Litz,  
P.A., document number P01000080969.

Dear Sir/Madam;

This letter shall serve as record and formal request that the address of Jonathan E. Litz, P.A. as well as the registered agent be changed to:

Jonathan E. Litz, P.A.  
1600 South Dixie Highway  
Suite 300  
Boca Raton, FL 33432

If any problems or questions arise in regards to the same please give me a call.

Sincerely,

Jonathan E. Litz, Esq.

*Attachment #*

**THE LAW OFFICES OF JONATHAN E. LITZ, P.A.**

1600 South Dixie Highway

Suite 300

Boca Raton, Florida 33432

P: (561) 392-6711

F: (561) 392-6717

*580/5789*  
*P01000080969*

March 10, 2003

**Via Regular Mail**

**Division of Corporations**

**Attn: Annual Report Section**

**PO Box 1500**

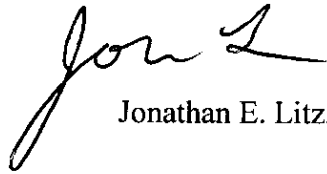
**Tallahassee, FL 32314**

**RE: Jonathan Litz, P.A. #P01000080969, Uniform Business Report and other matters.**

Dear Sir/Madam;

This letter shall serve as a follow up to my February 25, 2003 letter and as a response to your February 24, 2003 letter, copy of both being enclosed. Please make sure my records are changed to reflect my new business address noted in this letter and my February 25, 2003 letter. Additionally, please find enclosed corrections to my 2003 Uniform Business Report as requested in your February 24, 2003 letter. If any questions or problems arise in regards to the same please give me a call.

Sincerely,



Jonathan E. Litz, Esq.

ENCLS.