

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2002 91197 014 ***150.00

DOCUMENT # P01000093106

1. Entity Name
LAW OFFICES OF JOURNEY L. BEARD, P.A.

Principal Place of Business
1975 E. SUNRISE BLVD., 5TH FLOOR
FT. LAUDERDALE FL 33304

Mailing Address
1975 E. SUNRISE BLVD., 5TH FLOOR
FT. LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1975 E. Sunrise Blvd.
 Suite, Apt. #, etc.
Suite 512

3. Mailing Address
1975 E. Sunrise Blvd.
 Suite, Apt. #, etc.
Suite 512

City & State
Ft. Lauderdale, FL
 Zip
33304 Country
USA

4. FEI Number
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BEARD, JOURNEY L ESQ.
1975 E. SUNRISE BLVD., 5TH FLOOR
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 512
 City **FL** Zip Code

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 *Journey Beard* DATE 4/1/02
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEARD, JOURNEY L ESQ.		NAME		
STREET ADDRESS	1975 E. SUNRISE BLVD., 5TH FLOOR		STREET ADDRESS	1975 E. Sunrise Blvd., Ste. 512	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Journey Beard, Director* DATE 4/1/02 Daytime Phone # 954-462-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)