2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P01000119227 **DOCUMENT #**

1. Entity Name

Principal Place of Business

R. JEREMY SOLOMON, P.A.



FILED Feb 07, 2003 8:00 am Secretary of State
02-07-2003 90041 047 ***150.00

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TALLAHASSEE FL 32303 TALLAHASSEE FL 32317													
2. Principal Place of Business 3.				3. Mailing Address					III Heidi kani e dili k				
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 80-0007350 Applied For Not Applied For					
Zip	Zip Country Zip			Country			5.	5. Certificate of Status Desired \$8.75 Additional Fee Required					
, -	6. Name	and Address of Curr	ent Registere	ed Agent			7.	Name and A	Address of New	Registered	Agent		
PIERCE, ROBERT A 227 S CALHOUN ST					Name Street Add	ress (P.O.	Box Number	is Not Acceptab	ile)				
TALLAHASSEE FL 32301						City		FL Zip Code					
the obligat	named entity ions of regist	y submits this statement ered agent.	nt for the purp	oose of changing its	registere	ed office or re	gistered a	gent, or both	, in the State of F	iorida. †am	ı familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered a	gent and title if app	olicable. (NOTE	: Registere	d Agent signature r	required when	reinstating)	<u> </u>	DATE	1		
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550. Florida Departmer							tion Campaign F t Fund Contribut	~ .	\$5.0 □ Added	May Be I to Fees	
10.	****	OFFICERS A	ND DIRECTO	PRS	11.		А	DDITIONS/C	HANGES TO OF	FICERS AN	D DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2108 DELT	I, R JEREMY FA WAY SEE FL 32303		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i	, , , ,				Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition	

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:

850-385-6668