FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90311 010 ***150.00

DOCUMENT # P02000025789

1. Entity Name
David Jamison, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
290 174th Street	290 174th the Street
Suite, Apt. #, etc. # 2416	Suite, Apt. #, etc. # 2416
City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach, FL
Zip 33160 Country USA	Zip 33160 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3031921 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David Jamison

Street Address (P.O. Box Number is Not Acceptable)

290 174th ST #2416

City Sunny Isles Beach FL Zip Code 33160

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: _____ 4-26-03
Signature of officer or director of the 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: President NAME: David Jamison STREET ADDRESS: 290 174th ST #2416 CITY-ST-ZIP: Sunny Isles Beach, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-28-03 305-705-9915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #