

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90217 042 ***158.75

DOCUMENT # P02000033499

1. Entity Name

MADELYN RUBIN, P.A.



Principal Place of Business

~~4638 MEADOW RUN PL~~
JACKSONVILLE FL 32217

Mailing Address

~~4638 MEADOW RUN PL~~
JACKSONVILLE FL 32217

2. Principal Place of Business

5318 Heronview Dr.
Suite, Apt. #, etc.

3. Mailing Address

5318 Heronview Dr.
Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32257

Country

USA

City & State

Jacksonville FL

Zip

32257

Country

USA

4. FEI Number

02-0591055

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~PLEIMAN, THOMAS C JR~~

~~9471 BAYMEADOWS RD, STE 308~~

~~JACKSONVILLE FL 32256~~

7. Name and Address of New Registered Agent

Name

Madelyn Rubin PA

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

5318 Heronview Dr.

City

Jacksonville

FL

Zip Code

32257

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

Madelyn Rubin PA

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

(NOTE: Registered Agent signature required when reinstating)

2/1/03

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 DP
NAME RUBIN, MADELYN D
STREET ADDRESS ~~4638 MEADOW RUN PL~~
CITY-ST-ZIP JACKSONVILLE FL 32217

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MADELYN RUBIN, DP
NAME
STREET ADDRESS 5318 Heronview Dr.
CITY-ST-ZIP Jacksonville, FL 32257

☒ Change ☐ Addition

TITLE Secretary
NAME Ned Rubin
STREET ADDRESS 5318 Heronview Dr.
CITY-ST-ZIP Jacksonville, FL 32257

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Madelyn Rubin PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03

DATE

904-514-6750

Daytime Phone #

CR2E034 (10/02)