## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P02000048638

Mailing Address

1. Entity Name

JEFFREY CAYNE, P.A.

Principal Place of Business



Apr 21, 2003 8:00 am \$ Secretary of State \$ 04-21-2003 91219 002 \*\*\*\* **FILED** 04-21-2003 91218 027 \*\*\*150.00

2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  The Applied For Indicate of Status Desired  6. Name and Address of Current Registered Agent  FRIEDMAN, MARC  8634 NW 59TH PLACE PAKELAND FL 33067  City  Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable agent.  SIGNATURE	1871 NW 97TH TERRACE CORAL SPRINGS FL 33071			1871 NW 97TH TERRACE CORAL SPRINGS FL 33071								
City & State  4. FEI Number OZ - 0595743  Rot Applied For Not Applicab  Street Address of Status Desired Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  FRIEDMAN, MARC  8634 NW 59TH PLACE PAKELAND FL 33067  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. I am familiar with, and accept the obligations of registered agent.	2. Principal Place of Business			3. Mai	3. Mailing Address					0.1001   10110 0111		
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  FRIEDMAN, MARC  8634 NW 59TH PLACE PAKELAND FL 33067  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. I am familiar with, and accept the obligations of registered agent.	Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Country  Country  Zip  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent.	City & State			City	City & State				4. FEI Number  02 - 0595743  Applied For  Not Applied For			
FRIEDMAN, MARC  8634 NW 59TH PLACE PAKELAND FL 33067  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. I am familiar with, and accept the obligations of registered agent.	Zip	Country Zip			· • • • • • • • • • • • • • • • • • • •	Country				\$8.75 Ac	ditional	
FRIEDMAN, MARC  8634 NW 59TH PLACE PAKELAND FL 33067  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. I am familiar with, and accept the obligations of registered agent.		6. Name	ed Agent			7. 1	Name and Address of New Registered					
8634 NW 59TH PLACE PAKELAND FL 33067  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. I am familiar with, and accept the obligations of registered agent.					<del> </del>		Name					
8634 NW 59TH PLACE PAKELAND FL 33067  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. I am familiar with, and accept the obligations of registered agent.	FRIEDMAN, MARC						Constant (DO Do Novel Constant					
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.	8634 NW 59TH PLACE						Street Add	oress (P.O. B	sox number is not acceptable)			
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.												
the obligations of registered agent.										-		
				it for the purp	ose of changing its	registere	d office or re	egistered ag	ent, or both, in the State of Florida. I am	familiar with	, and accept	
SIGNATI IRE	trie obliga	alons of registi	ered agent.									
ORDINATION	SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				gent and title if app	licable. (NOTE	E: Registered	Agent signature	required when re	einstating) DATE			
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After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Sta								:				
10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	10.		OFFICERS AI	ND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	DIRECTOR	IS IN 11	
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	STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Delete	STREE CITY- TITLE NAME	T ADDRESS ST-ZIP		·	Change	☐ Addition	
12.   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	STREET ADDRESS CITY-ST-ZIP TITLE				□ Delete	STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP T ADDRESS			☐ Change	Addition	

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.