


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90143 007 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>P02000089878</i>	
1. Entity Name <i>J. Dennis Card Jr. Esquire P.A.</i>	

DO NOT WRITE IN THIS SPACE

11030194

2. Principal Place of Business <i>1607 NE 105th St.</i>	3. Mailing Address <i>SAME</i>
City & State <i>Miami Shores FL</i>	City & State
Zip <i>33138</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>Karen England</i>		
Street Address (P.O. Box Number is Not Acceptable)			
City <i>1607 NE 105th St.</i>			
City <i>Miami Shores FL</i> Zip Code <i>33138</i>			

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 *Karen England* DATE *4/28/03*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning.)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-STATE-ZIP	<i>President (P) Jack Dennis Card Jr. 1607 NE 105th St. Miami Shores FL 33138</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)