

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90299 001 ***150.00

DOCUMENT # P02000095992

1. Entity Name
NANCY WANG JABLON, P.A.



Principal Place of Business
3801 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

Mailing Address
3801 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064



2. Principal Place of Business
10899 HANDEL PLACE
Suite, Apt. #, etc.

3. Mailing Address
10899 HANDEL PLACE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, Florida
Zip
33498
Country
US

City & State
Boca Raton, Florida
Zip
33498
Country
US

4. FEI Number
73-1659216
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JABLON, NANCY W
3801 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
Name
NANCY WANG JABLON
Street Address (P.O. Box Number is Not Acceptable)
10899 HANDEL PLACE
City
BOCA RATON FL Zip Code
33498

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 *Nancy Wang Jablon* NANCY WANG JABLON
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) 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	D	<input checked="" type="checkbox"/> Delete
NAME	JABLON, NANCY W	
STREET ADDRESS	3801 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	JABLON, NANCY W	<input type="checkbox"/> Delete
NAME	10899 HANDEL PLACE	
STREET ADDRESS	BOCA RATON, FL 33498	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Nancy Wang Jablon* (NANCY WANG JABLON) 3/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/02)