

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003845

1. Entity Name

JACOB J. LINHART, P.A.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90004 034 ***150.00

Principal Place of Business

1313 S MILITARY TRL
#186
DEERFIELD BCH FL 33442
US

Mailing Address

C/O GARY LANCE GLASSMAN, C.P.A., P.A.
12000 BISCAYNE BLVD - STE 402
MIAMI FL 33181-2725
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

188 60 LACOSTA LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

4. FEI Number 65-0383040

Applied For

Not Applicable

Zip

33496

Country

US

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

LINHART, JACOB J
1313 S. MILITARY TRL
STE 186
DEERFIELD BCH FL 33442

Name

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

188 60 LACOSTA LANE

City

BOCA RATON

FL

Zip Code

33496

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

Signature, typed or printed name of 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LINHART, JACOB J	
STREET ADDRESS	1313 S. MILITARY TRL- STE 186	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	188 60 LACOSTA LANE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacob J. Linhart* JACOB J. LINHART, Pres. Ltd 2/17/00 (954) 796-0085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)