

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004627

1. Entity Name

JODI B. GREEN, P.A.

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90126 001 \*\*\*300.00

Principal Place of Business

110 EAST ATLANTIC AVE  
 250  
 DELRAY BEACH FL 33444  
 US

Mailing Address

110 EAST ATLANTIC AVE  
 250  
 DELRAY BEACH FL 33444-3735  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0384113**

Applied For  
 Not Applicable

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

GREEN, JODI B.  
 110 EAST ATLANTIC AVE #250  
 DELRAY BEACH FL 33444

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 office or registered agent, or both, in the State of Florida.

SIGNATURE

*Jodi B. Green, P.A.*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-17-00*

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPST**  
**GREEN, JODI B**  
**1499 W PALMETTO PK RD #300**  
**BOCA RATON FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Jodi B. Green, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-17-00*

Date

*861 274 0909*

Daytime Phone #

CR2E034 (9/99)