

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90123 011 ***150.00

DOCUMENT # P93000013414

1. Entity Name

J.A. JURGENS, P.A.

Principal Place of Business

Mailing Address

505 WEKIVA SPRINGS RD
 SUITE 800
 LONGWOOD FL 32779
 US

505 WEKIVA SPRINGS RD
 SUITE 800
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

505 Wekiva Springs Rd.
 Suite, Apt. #, etc.
 500

505 Wekiva Springs Rd.
 Suite, Apt. #, etc.
 500

City & State

City & State

Longwood, FL

Longwood, FL

Zip

Country

Zip

Country

32779

USA

32779

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JURGENS, J A
 505 WEKIVA SPRINGS RD
 SUITE 800
 LONGWOOD FL 32779

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

J.A. Jurgens, Director

1/26/01

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, 2001 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
 D
 JURGENS, J A
 200 COVE LAKE CT
 LONGWOOD FL 32779 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

J.A. Jurgens, Director

Date

Daytime Phone #

1/26/01 40772227

CR2E034 (10/00)