

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90124 047 ***150.00

DOCUMENT # P93000028650

1. Entity Name

JEFFREY S. KURTZ, P.A.

Principal Place of Business

12230 FOREST HILL BLVD.
STE 110-G
WELLINGTON FL 33414
US

Mailing Address

12230 FOREST HILL BLVD.
STE 110-G
WELLINGTON FL 33414
US

2. Principal Place of Business

1329 Torrington Ave

Suite, Apt. #, etc.

Wellington, FL

City & State

33414

Zip

Country

3. Mailing Address

1329 Torrington Ave

Suite, Apt. #, etc.

Wellington, FL

City & State

33414

Zip

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0403145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURTZ, JEFFREY S
1329 TORRINGTON AVE.
STE 1210
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

Kurtz, Jeffrey S

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

1329 Torrington Ave

City

Wellington

FL

Zip Code

33414

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

Jeffrey S. Kurtz, Jeffrey S. Kurtz, Pres.

4/28/01

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, 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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	KURTZ, JEFFREY S ESQ.	
STREET ADDRESS	1329 TORRINGTON LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
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NAME	
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:

Jeffrey S. Kurtz

Date

Daytime Phone #

4/28/01 (561) 793-5875

CR2E034 (10/00)