

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.

City & State
 Wellington, FL

Zip

Country



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
Signature, typed or printed name of registered agent and date 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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVST			
	KURTZ, JEFFREY S ESQ.	1329 TORRINGTON LANE	WELLINGTON FL 33414	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: Jeffrey S. Kurtz Jeffrey S. Kurtz 4/28/01 (561) 793-5875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)