

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060000

1. Entity Name
JEROME F. SKRANDEL, P.A.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90481 008 ***150.00

Principal Place of Business
321 NORTHLAKE BLVD.
SUITE 107
NORTH PALM BEACH FL 33408
US

Mailing Address
321 NORTHLAKE BLVD.
SUITE 107
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business
9112 Alternate A-1-A,

3. Mailing Address
9112 Alternate A-1-A

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

4. FEI Number 65-0433064

Applied For
Not Applicable

Zip
33403-1451

Country
US

Zip
33403-1451

Country
US

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

SKRANDEL, JEROME F
321 NORTHLAKE BLVD.
SUITE 107
NORTH PALM BEACH FL 33408

Name
Skrandel, Jerome F.
Street Address (P.O. Box Number is Not Acceptable)
9112 Alternate A-1-A, Suite 101
City North Palm Beach FL Zip Code 33403-1451

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PVTS SKRANDEL, JEROME F 321 NORTHLAKE BLVD, SUITE 107 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS Skrandel, Jerome F. 9112 Alternate A-1-A, Suite 101 North Palm Beach, FL 33403-1451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Jerome F. Skrandel JEROME F. SKRANDEL, PVTS 3/8/01 (561) 863-1605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)