

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0327380 AV

03-18-2002 90041 040 ***150.00

DOCUMENT # P94000013552

1. Entity Name

LAW OFFICE OF JACK L. SCHROLD INCORPORATED

Principal Place of Business

**4600 WEST COMMERCIAL BLVD.
 SUITE #6
 FT LAUDERDALE FL 33319
 US**

Mailing Address

**4600 WEST COMMERCIAL BLVD.
 SUITE 6
 FT LAUDERDALE FL 33319
 US**



2. Principal Place of Business

3900 W COMMERCIAL BLVD

3. Mailing Address

3900 W COMMERCIAL BLVD

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0473335

Applied For

Not Applicable

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHROLD, JACK L
 4600 WEST COMMERCIAL BLVD.
 SUITE #6
 FT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

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

3900 W COMMERCIAL BLVD

201

City

FT. LAUDERDALE

FL

Zip Code

33309

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, typed or printed name of registered agent and title 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, 2002 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 **D** ☐ Delete
 NAME **SCHROLD, JACK L**
 STREET ADDRESS **4600 WEST COMMERCIAL BLVD - SUITE #6**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3900 W COMMERCIAL BLVD #201**
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)