

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90106 011 ***150.00

DOCUMENT # P94000034826

1. Entity Name
JILL SHARON WHITE P.A.



Principal Place of Business
1450 MADRUGA AVE.
STE 302
CORAL GABLES FL 33146
US

Mailing Address
1450 MADRUGA AVE.
STE 302
CORAL GABLES FL 33146
US

2. Principal Place of Business

Same
Suite, Apt. #, etc.
Suite 300

City & State
Same

Zip **11** Country **11**

3. Mailing Address

Same
Suite, Apt. #, etc.
Suite 300

City & State
Same

Zip **11** Country **11**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0487611**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JILL SHARON
1450 MADRUGA AVE.
STE 302
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name **Same**
Street Address (P.O. Box Number is Not Acceptable) **Suite 300**
Same
City **11** State **FL** Zip Code **11**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jill White**

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

(NOTE: Registered Agent signature required when reinstating)

2/25/03
DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **WHITE, JILL S**
STREET ADDRESS **1450 MADRUGA AVE, SUITE 302**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **White, Jill S.**
STREET ADDRESS **1450 Madruga Ave, Suite 300**
CITY-ST-ZIP **Coral Gables, FL 33146**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03 305 6675002

Date Daytime Phone #

CR2E034 (10/02)