

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90376 034 ***150.00

DOCUMENT # P95000021834

1. Entity Name
DR. JACKIE L. SCHWARTZ & ASSOCIATES, P.A.

Principal Place of Business

**301 YAMATO ROAD
 SUITE 4150
 BOCA RATON FL 33431**

Mailing Address

**301 YAMATO ROAD
 SUITE 4150
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
08-7525746

Applied For
 Not Applicable

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

**SCHWARTZ, JAY A
 301 YAMATO ROAD
 SUITE 4150
 BOCA RATON FL 33431**

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **SCHWARTZ, JACKIE L**
 CITY-ST-ZIP **301 YAMATO ROAD, SUITE 4150**
BOCA RATON FL 33431

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SCHWARTZ, JAY A**
 CITY-ST-ZIP **301 YAMATO ROAD, SUITE 4150**
BOCA RATON FL 33431

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

7/11/02

CR2E034 (4/02)

Attachment
SACHS, SAX & KLEIN, P.A.
ATTORNEYS AT LAW

NORTHERN TRUST PLAZA, SUITE 4150
301 YAMATO ROAD
BOCA RATON, FLORIDA 33431

TELEPHONE (561) 237-6854
FACSIMILE (561) 994-4985

MAILING ADDRESS
POST OFFICE BOX 810037
BOCA RATON, FLORIDA 33481-0037

JAY A. SCHWARTZ, ESQ.
e-mail: jas@sachs-sax-klein.com

* Florida Supreme Court Certified
Family Mediator

July 18, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dr. Jackie L. Schwartz & Associates, P.A.

Document #: P95000021834

123015

Dear Sir/Madam:

Please be advised that I have received the enclosed Annual Report reflecting the correct address. This address was recently changed in your records. I did not receive the original annual report which would have been timely returned. Please accept my client's check in the amount of One Hundred and Fifty (\$150.00) Dollars which is the cost had I received the first mail out.

Your cooperation and attention in this matter is appreciated.

Sincerely,


Jay A. Schwartz, Esquire

JAS/rjr
cc: Dr. Jackie Schwartz
Enclosure