

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90740 048 \*\*\*150.00

2003 FOR PROFIT CORPORATION/  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022407

1. Entity Name  
LOUIS JERRY COHN, P.A.



Principal Place of Business  
8041 W MCNAB RD  
TAMARAC, FL 33321 US

Mailing Address  
8041 W MCNAB RD  
TAMARAC, FL 33321 US

90123003

2. Principal Place of Business

8333 W. McNab Rd

3. Mailing Address

8333 W. McNab Rd

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

USA

Zip

33321

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0566903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHN, L.J. ESQ  
8041 W MCNAB RD  
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name LOUIS JERRY COHN

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

8333 W. McNab Rd #203

City TAMARAC

FL

Zip Code 33321

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's signature required when resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME COHN, LOUIS J  
STREET ADDRESS 8041 W MCNAB RD  
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Delete

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

TITLE ☒ Change ☐ Addition  
NAME Cohn, Louis J.  
STREET ADDRESS 8333 W. McNab Rd, #203  
CITY-ST-ZIP TAMARAC FL 33321

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

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

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

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

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 or without other like empowered.

SIGNATURE:

LOUIS JERRY COHN

4/29/03

954  
721-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)