

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90100 028 \*\*\*150.00

**40053502**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000090906**

1. Entity Name  
**KEITH A. JAMES, ESQ., P.A.**

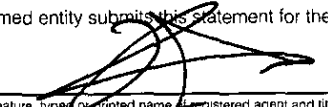
Principal Place of Business <b>5725 CORPORATE WAY          STE 106          WEST PALM BCH FL 33407          US</b>	Mailing Address <b>5725 CORPORATE WAY          STE 106          WEST PALM BCH FL 33407-2036          US</b>
---	--

2. Principal Place of Business <b>222 Lakeview Avenue</b>	3. Mailing Address <b>222 Lakeview Avenue</b>
Suite, Apt. #, etc. <b>800</b>	Suite, Apt. #, etc. <b>800</b>
City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>

Zip <b>33401</b>	Country	Zip <b>33401</b>	Country	4. FEI Number <b>65-0632827</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------	---------	---------------------	---------	------------------------------------	--

6. Name and Address of Current Registered Agent <b>JAMES, KEITH A          5725 CORPORATE WAY STE 106          WEST PALM BEACH FL 33401</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>222 Lakeview Avenue</b> Suite #800 City <b>West Palm Beach</b> FL Zip Code <b>33401</b>
--	---

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 **4/28/00**

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEITH A. JAMES, ESQ. 5725 CORPORATE WAY STE 106 WEST PALM BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 Lakeview Avenue, Suite 800 West Palm Beach, Florida 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  **Keith A. James, President** Date **4/28/00** Daytime Phone # **(561) 858-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)