

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013045

1. Entity Name

AUGSPURGER & ASSOCIATES, P.A.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90019 042 ***150.00

Principal Place of Business

1900 NW CORPORATE BLVD
STE 400 EAST
BOCA RATON FL 33431-8512
US

Mailing Address

1900 NW CORPORATE BLVD
STE 400 EAST
BOCA RATON FL 33431-8502
US

2. Principal Place of Business

7301 W. Palmetto Park Rd.
Suite, Apt. #, etc.
Suite 101A

3. Mailing Address

7301 W. Palmetto Park Rd.
Suite, Apt. #, etc.
Suite 101A



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0641557

Applied For

Not Applicable

Zip

33433-3455

Country

USA

Zip

33433-3455

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGSPURGER, JENNIFER L
1900 NW CORPORATE BLVD
STE 400 EAST
BOCA RATON FL 33431-8572

7. Name and Address of New Registered Agent

Name

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

7301 W. Palmetto Park Rd.

Suite 101A

City

Boca Raton

FL

Zip Code

33433-3455

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 fee, applicable.

Jennifer L. Augspurger, Esq.

DATE

1/28/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	AUGSPURGER, JENNIFER L	
STREET ADDRESS	7251 W PALMETTO PK RD, #200	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	7301 W. Palmetto	<input type="checkbox"/> Delete
NAME	Park Rd., Ste. 101A	
STREET ADDRESS	Boca Raton, FL	
CITY-ST-ZIP	33433-3455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Jennifer L. Augspurger, Esq. (561) 391-7226
as Pres. Date 1/28/00 Daytime Phone #

CR2E034 (9/99)