

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90282 040 \*\*\*158.75

DOCUMENT # P96000075546

1. Entity Name

ATTORNEY ON CALL, INC.

Principal Place of Business

4161 NW 5TH ST  
PLANTATION FL 33317  
US

Mailing Address

P. O. BOX 5347  
FORT LAUDERDALE FL 33310  
US

709461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 407193

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33340

U.S.

4. FEI Number 65-0725296

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

MILNE, SAMUEL A  
4161 N.W. 5TH STREET  
PLANTATION FL 33317

Name James A. Epstein

Street Address (P.O. Box Number is Not Acceptable)  
4161 N.W. 5th Street

City Plantation FL Zip Code 33317

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 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 \$150.00  
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LAWSON, EDWARD J  
STREET ADDRESS 2107 S ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33316  
*Change* ☐ Delete

TITLE SD  
NAME Joseph A. Epstein  
STREET ADDRESS 4161 NW 5 Street  
CITY-ST-ZIP Plantation, FL 33317  
☐ Change ☒ Addition

TITLE D  
NAME RAYMOND, RONALD  
STREET ADDRESS 2107 S ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33316  
☒ Delete

TITLE D  
NAME Robert E. McNally  
STREET ADDRESS 4161 NW 5 Street  
CITY-ST-ZIP Plantation, FL 33317  
☐ Change ☒ Addition

TITLE TD  
NAME LAWSON, MICHELLE  
STREET ADDRESS 2107 S ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33316  
*Change* ☐ Delete

TITLE D  
NAME Wallace J. Hilliard  
STREET ADDRESS 4161 NW 5 Street  
CITY-ST-ZIP Plantation, FL 33317  
☐ Change ☒ Addition

TITLE D  
NAME SIMBERG, BRUCE F.  
STREET ADDRESS 2107 S ANDREWS AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33316  
*Change* ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

Signature and typed or printed name of signing officer or director

Edward J. Lawson 1-24-01

Date

Daytime Phone #

(931)  
581-9993

CR2E034 (10/00)