

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90972 005 \*\*\*158.75

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P96000075546**

1. Entity Name

**ATTORNEY ON CALL, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4161 NW 5 Street**

3. Mailing Address  
**P.O. Box 407193**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Plantation, FL**

City & State  
**Fort Lauderdale, FL**

4. FEI Number  
**65-0725296**

Applied For

Not Applicable

Zip  
**33317**

Country  
**U.S.**

Zip  
**33340**

Country  
**U.S.**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**80057526**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**JAMES A. EPSTEIN**

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

**4161 NW 5 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

**James A. Epstein**

Signature, typed or printed named 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)

**January 1 - May 1 Fee is \$160.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President, Director  
Lawson, Edward J.  
4161 NW 5 Street  
Plantation, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Epstein, James A.  
4161 NW 5 Street  
Plantation, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer, Director  
Lawson, Michele V.  
4161 NW 5 Street  
Plantation, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Simberg, Bruce  
4161 NW 5 Street  
Plantation, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE

**Edward J. Lawson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/20/02** (954) 581-9993

Daytime Phone #

CR2E034B (12/01)