

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90173 003 ***150.00

DOCUMENT # P96000092378

1. Entity Name

LAW OFFICES OF JASON G. BARNETT, P.A.



Principal Place of Business

950 S. FEDERAL HIGHWAY
HOLLYWOOD FL 33020

Mailing Address

950 S. FEDERAL HIGHWAY
HOLLYWOOD FL 33020

2. Principal Place of Business

1132 SE 2nd AVE

3. Mailing Address

1132 SE 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

65-0728763

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, JASON G

950 S. FEDERAL HWY

HOLLYWOOD FL 33020

1132 SE 2nd AVE

Fort Laud. FL 33316

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 signature required when reinstating)

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

TITLE D
NAME BARNETT, JASON G
STREET ADDRESS 950 S. FEDERAL HWY
CITY-ST-ZIP HOLLYWOOD FL 33020
1132 SE 2nd AVE
Fort Laud FL 33316

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03

Date

(954) 618-1776

Daytime Phone #

CR2E034 (10/02)