

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
 02-01-2000 90009 038 ***150.00

DOCUMENT # P97000010610

1. Entity Name

SHORSTEIN & KELLY, ATTORNEYS AT LAW, P.A.

Principal Place of Business

1660 PRUDENTIAL DR
 STE 402
 JACKSONVILLE FL 32207

Mailing Address

1660 PRUDENTIAL DR
 STE 402
 JACKSONVILLE FL 32247-0007

900110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P O Box 10007

Suite, Apt. #, etc.

3. Mailing Address

P O Box 10007

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3425315

Applied For

Not Applicable

Zip 32247

Country USA

Zip 32247

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHORSTEIN, MICHAEL A
 1660 PRUDENTIAL DR
 STE 402
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Michael A. Shorstein
 Street Address (P.O. Box Number is Not Acceptable) 288265 Bayberry Rd.
 City JACKSONVILLE FL Zip Code 32256

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

Michael A Shorstein

1/19/00

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, 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	DVST	☐ Delete
NAME	SHORSTEIN, MICHAEL A	
STREET ADDRESS	1660 PRUDENTIAL DR- #402	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	☐ Delete
NAME	KELLY, BRIAN T	
STREET ADDRESS	1660 PRUDENTIAL DR- #402	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Add
NAME		
STREET ADDRESS	P O Box 10007	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE		☒ Change ☐ Add
NAME		
STREET ADDRESS	P O Box 10007	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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:

Michael A Shorstein

Date

Daytime Phone #

1/19/00 904-348-6406