

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90032 038 ***150.00

DOCUMENT # JONATHAN LOW INC.

1. Entity Name

272 CORDOVA ROAD

Principal Place of Business

Mailing Address

WEST PALM BEACH
 FLORIDA, 33401

A0072163

2. Principal Place of Business
 272 CORDOVA ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 WEST PALM BEACH, FL.

City & State

4. FEI Number
 65-0783403

Applied For
 Not Applicable

Zip
 33401

Country
 U.S.A.

Zip

Country

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

Name

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

City

FL

Zip Code

JONATHAN LOW
 272 CORDOVA ROAD
 WEST PALM BEACH, FLORIDA 33401

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 PRESIDENT
 JONATHAN LOW
 272 CORDOVA ROAD
 WEST PALM BE, FL. 33401

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME ☐ 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

5/18
 Date

561 832 3352
 Daytime Phone #