

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

01-15-2003 90302 019 \*\*\*150.00

1. Entity Name  
**JONATHAN LOW, INC.**



Principal Place of Business  
272 CORDOVA ROAD  
WEST PALM BEACH FL 33401

Mailing Address  
272 CORDOVA ROAD  
WEST PALM BEACH FL 33401

## 2. Principal Place of Business

### 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0783403**

Applied For	
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Not Applicable
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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**

LOW, JONATHAN  
272 CORDOVA ROAD  
WEST PALM BEACH FL 33401

Name \_\_\_\_\_

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

City

<b>FI</b>	Zip Code
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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 Jonathan Lee  
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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change    ☐ Addition☐ Change    ☐ Addition

☐ Change    ☐ Addition

☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ 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

1/13/03

561 832 3352

CR2E034 (10/02)