

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091115

1. Entity Name

JEFFREY H. TROMBERG, P.A.



FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90098 011 ***558.75

Principal Place of Business

300 S PINE ISLAND RD
 SUITE 206
 PLANTATION FL 33324
 US

Mailing Address

300 S PINE ISLAND RD
 SUITE 206
 PLANTATION FL 33324
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0788951

60-5788951

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TROMBERG, JEFFREY H
 300 S PINE ISLAND RD
 SUITE 206
 PLANTATION FL 33324

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 TROMBERG, JEFFREY H
 834 NW 110TH AVENUE
 PLANTATION FL 33324

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P, S, T, D
 Tromberg, Jeffrey H.
 10321 NW 12 CT.
 Plantation, FL 33322

☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ 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] JEFFREY H. TROMBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00

Date

954-236-2922

Daytime Phone #

CR2E034 (5/00)