

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100779

1. Entity Name

JEFF D. VASTOLA, P.A.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90011 013 ***150.00

Principal Place of Business

Mailing Address

1260 SOUTH FEDERAL HIGHWAY
STE. 201
BOYNTON BEACH FL 33435

1260 SOUTH FEDERAL HIGHWAY
STE. 201
BOYNTON BEACH FL 33435-6045



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 AUSTRALIAN AVE. S.

3. Mailing Address

250 AUSTRALIAN AVE. S.

Suite, Apt. #, etc.

1503

Suite, Apt. #, etc.

1503

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

Country

U.S.A.

Zip

Country

U.S.A.

4. FEI Number

65-0798365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASTOLA, JEFF D
1260 SOUTH FEDERAL HIGHWAY
STE. 201
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

JEFF D. VASTOLA

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

250 AUSTRALIAN AVENUE SOUTH

SUITE 1503

City

WEST PALM BEACH

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
VASTOLA, JEFF D
1260 S FEDERAL HWY, SUITE 201
BOYNTON BEACH FL 33435 ☐ 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
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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] JEFF D. VASTOLA

Date

4/25/00

Daytime Phone #

(21) 737-1778