

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100779

1. Entity Name

JEFF D. VASTOLA, P.A.

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

01-30-2001 90134 005 ***150.00

707745



DO NOT WRITE IN THIS SPACE

Principal Place of Business
ONE CLEARLAKE CENTRE, SUITE 1550
2250 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH FL 33401

Mailing Address
ONE CLEARLAKE CENTRE, SUITE 1550
2250 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH FL 33401

2. Principal Place of Business

250 AUSTRALIAN AVE. S.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1550

City & State

W. P.B. FL

City & State

Zip

Country

Zip
33401

Country
USA

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

7. Name and Address of New Registered Agent

VASTOLA, JEFF D
250 AUSTRALIAN AVE. SO.
STE. 1503
WEST PALM BEACH FL 33401

Name

JEFF D. VASTOLA

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

250 AUSTRALIAN AVENUE SOUTH

SUITE 1550

City

W.P.B.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
PVTS
VASTOLA, JEFF D.
250 AUSTRALIAN AVE. S. SUITE 1550
W.P.B., FL 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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:

JEFF D. VASTOLA

1/11/01

Date

(561) 471-9000

Daytime Phone #

CR2E034 (10/00)