

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90194 012 ***150.00

DOCUMENT # P97000100779

1. Entity Name
JEFF D. VASTOLA, P.A.



Principal Place of Business
250 AUSTRALIAN AVE. S.
SUITE 1550
WEST PALM BEACH FL 33401

Mailing Address
250 AUSTRALIAN AVE. S.
SUITE 1550
WEST PALM BEACH FL 33401



2. Principal Place of Business

250 AUSTRALIAN AVE. SOUTH

Suite, Apt. #, etc.

1404

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA

3. Mailing Address

250 AUSTRALIAN AVE. SOUTH

Suite, Apt. #, etc.

1404

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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
250 AUSTRALIAN AVE. SO.
SUITE 1550
WEST PALM BEACH FL 33401

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 1404

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/03

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**

10. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ Delete
NAME **VASTOLA, JEFF D**
STREET ADDRESS **250 AUSTRALIAN AVE.S., SUITE 1550**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

2/3/03
Date

561-721-2500
Daytime Phone #

CR2E034 (10/02)