

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90170 009 ***150.00

02/21/2002 AT

DOCUMENT # P97000104278

1. Entity Name

J. LOUIS ASSOCIATES CONSULTANT GROUP, INC.

Principal Place of Business

**4200 CLEVELAND STREET
HOLLYWOOD FL 33021**

Mailing Address

**P.O. BOX 813967
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

1410 SOUTH OCEAN DR

3. Mailing Address

1410 SOUTH OCEAN DRSuite, Apt. #, etc.
APT 904Suite, Apt. #, etc.
APT 904City & State
HOLLYWOOD, FLCity & State
HOLLYWOOD, FL

4. FEI Number

65-0805651

Applied For

Not Applicable

Zip
33019Country
USAZip
33019Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DOLCHIN, STEVEN B ESQ.
THE OAKS, SUITE 202B
4330 SHERIDAN STREET
HOLLYWOOD FL 33021****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 \$150.00
After May 1, 2002 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 **D** ☐ Delete
NAME **PATTERSON, JAMES LOUIS**
STREET ADDRESS **4200 CLEVELAND STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P/D** ☒ Change ☐ Addition
NAME **PATTERSON JAMES LOUIS**
STREET ADDRESS **1410 SOUTH OCEAN DR-APT 904**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: JAMES L. PATTERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

Date

954-920-4869

Daytime Phone #

CR2E034 (9/01)