## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P97000104764** 1. Entity Name JENNINGS & VALANCY, P.A. 02-01-2000 90092 016 \*\*\*150.00 Principal Place of Business Mailing Address ONE EAST BROWARD BOULEVARD ONE EAST BROWARD BOULEVARD SUITE 1505 **SUITE 1505** UUUUU FT. LAUDERDALE FL 33301-1872 FT. LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business 311 S.E. 13TH ST. 311 5.8. 1374 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State CADERDME, A Applied For 4. FEI Number City & State 65-0799968 T. LANDERDANE Not Analis ... 1 \$8.75 Additional 5. Certificate of Status Desired 33/6 33316 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT L. JERNES JENNINGS, ROBERT L Street Address (P.O. Box Number is Not Acc ONE EAST BROWARD BOULEVARD **SUITE 1505** FT. LAUDERDALE FL 33301 Zip Code 33316 City FT. LANDERDACE, 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. ROBERT L. JENNINGS FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. \*\* Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete JENNINGS, ROBERT L. 311, 38 139 ST. JENNINGS, ROBERT L NAME NAME ONE EAST BROWARD BOULEVARD, SUITE 1505 STREET ADDRESS STREET ADDRESS T. LANDERDAR, FE 33316 CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST-ZIP Addition ☐ Delete TITI F ALANCY, STEVEN S. VALANCY, STEVEN S NAME ONE EAST BROWARD BOULEVARD, SUITE 1505 STREET ADDRESS STREET ADDRESS LANDEXOME, FE 333/6 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SK

SIGNATURE: