## 2002 UNIFORM BUSINESS REPORT (UBR)

## P98000001615 **DOCUMENT #** 1. Entity Name SCOTT JABLON, D.C., P.A. Mailing Address Principal Place of Business 7332 W. ATLANTIC BLVD. 7332 W. ATLANTIC BLVD. MARGATE FL 33063 MARGATE FL 33063 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0797531 Country Country

## FILED Jan 14, 2002 8:00 am Secretary of State

01-14-2002 90058 014 \*\*\*150.00

Applied For

\$8.75 Additional

Not Applicable

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DO NOT WRITE IN THIS SPACE

		J 5. 0	istinoate of classo booker	_ ғ	ee Required	d	J	
6. Name and Address of Current		7. Name and Address of New Registered Agent						
		Name						
JABLON, SCOTT DC		Ctroot Address	(B () B	ov Number is Not Acceptable)				ł
7332 W. ATLANTIC BLVD.	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
								1
MARGATE FL 33063		- :				1 7:- 0		-
•		City			FL	Zip Code	е	l
8. The above named entity submits this statement for	ar the nurnees of changing its	ragistered office or regi	etered and	ent or both in the State of Florida				1
8. The above named entity submits this statement	or the purpose of changing its i	registered office of regi-	aterea age	Sitt, or both, in the chare of hishes				
SIGNATURE Signature, typed or printed name of registered agen	and title if applicable. (NOTE	: Registered Agent signature reg	uired when rei	instating)	DATE			
organistic, global of prinod flame at the same								1
9. This corporation is eligible to satisfy its Intangible	! FEE IS \$150.00		10. Election Campaign Finance	ing	\$5.0	O May Be		
Tax filing requirement and elects to do so.	2 Fee will be \$550.0 le to Department of 9		Trust Fund Contribution.		Added	l to Fees	1	
(See criteria on back)							2.01.44	1
11. OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND			1 =
TITLE D	Delete	TITLE				Change	Addition Addition	(9/01
NAME JABLON, SCOTT DC		NAME						
STREET ADDRESS 7332 W. ATLANTIC BLVD.		STREET ADDRESS						F034
CITY-ST-ZIP MARGATE FL 33063		CITY-ST-ZIP						12
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NAME	□ Delete	NAME					_	
STREET ADDRESS	_	STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
12. I horoby cortify that the information supplied wi	th this filled chan not qualify for		n Section	119 07(3)(i) Florida Statutes I fu	ther cert	ify that the i	nformation	1

I hereby certify that the information supplied with this tilying does not quality for the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this report or supplemental report is true-pro accurate and that my significer shall have the same legal effect as if made under oath; that I am an officier 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, yet all other like empowered.

SIGNATURE:

SIGN ORE REQUIRED