


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0425045 AV

**DOCUMENT # P98000010134**

1. Entity Name  
**P. JASON LING, CPA, P.A.**



FILED

03 SEP 16 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**7385 NAUTICA WAY  
LAKE WORTH FL 33467**

Mailing Address  
**7385 NAUTICA WAY  
LAKE WORTH FL 33467**



2. Principal Place of Business  
**5751 COACH HOUSE CIR**

3. Mailing Address  
**5751 COACH HOUSE CIR**

Suite, Apt. #, etc.  
**C**

CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33486**

Country  
**PAIM BCH**

Zip  
**33486**

Country  
**PAIM BCH**

4. FEI Number  
**65-0851196**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LING, PHILIP JASON  
7385 NAUTICA WAY  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

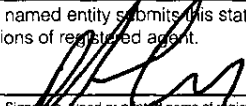
Name  
**LING, PHILIP J.**

Street Address (P.O. Box Number is Not Acceptable)  
**5751-C COACH HOUSE CIR**

City  
**BOCA RATON FL**

Zip Code  
**33486**

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  DATE **9-12-03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LING, PHILIP JASON</b> <b>7385 NAUTICA WAY</b> <b>LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>5751-C COACH HOUSE CIR</b> <b>BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600023050218</b> <b>09/15/03--01059--006 **550.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reporting 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** DATE **9-12-03** DAYTIME PHONE # **5613619595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)