2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015951

1. Entity Name

ATTORNEY AT LAW JEFFREY J. NEEDLE, P.A.

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90009 020 ***150.00

Principal Place of Business	Mailing Address
~~4700 NORTH STATE ROAD 7~~ ~~SUITE 221~~ ~~FT. LAUDERDALE FL 33319~~	~~4700 NORTH STATE ROAD 7~~ ~~SUITE 221~~ ~~FT. LAUDERDALE FL 33319-5804~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2825 University Dr	2825 University Dr
Suite, Apt. #, etc.: Suite 410	Suite, Apt. #, etc.: Suite 410
City & State: Coral Springs FL	City & State: Coral Springs
Zip: 33065 Country:	Zip: 33065 Country:

4. FEI Number 65-0814587 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEEDLE, JEFFREY J ~~4700 NORTH STATE ROAD 7~~ ~~SUITE 221~~ ~~FT. LAUDERDALE FL 33319~~	Name: Street Address (P.O. Box Number is Not Acceptable): 2825 University Dr Suite 410 City: Coral Springs FL Zip Code: 33065

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEEDLE, JEFFREY J 200 LESLIE DRIVE, #630 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 1/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #