

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
 03-20-2000 90104 042 \*\*\*158.75

**DOCUMENT # P98000063617**

1. Entity Name  
**JAMES M. HOLLINGSWORTH, P.A.**

Principal Place of Business      Mailing Address  
**2438 E LAS OLAS BLVD**      **2438 E LAS OLAS BLVD**  
**FT LAUDERDALE FL 33301**      **FT LAUDERDALE FL 33305-1538**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2208 NE 26 STREET**      **4111 NE 17 TERRACE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FT. LAUDERDALE, FL**      **OAKLAND PARK, FL**

Zip      Country      Zip      Country  
**33305-1538**      **USA**      **33334-5427**      **USA**

4. FEI Number      Applied For  
**65-0856609**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CLARKSON, JUNE M**  
**2640 HOLLYWOOD BLVD STE 201**  
**HOLLYWOOD FL 33020**

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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLLINGSWORTH, JAMES M</b>		NAME		
STREET ADDRESS	<del><b>2438 E LAS OLAS BLVD</b></del>		STREET ADDRESS	<b>4111 NE 17 TERRACE</b>	
CITY-ST-ZIP	<del><b>FT LAUDERDALE FL 33301</b></del>		CITY-ST-ZIP	<b>OAKLAND PARK, FL. 33334-5427</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X James M Hollingsworth      Date: 3/15/00      Daytime Phone #: 954 6301398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)