

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90255 031 ***150.00

DOCUMENT # P98000067165**1. Entity Name**
Jeffrey K. Green, P.A.**Principal Place of Business****Mailing Address**529 N. Magnolia Avenue
Orlando, FL 32801**2. Principal Place of Business**

1 Florida Park Dr: South

3. Mailing Address

P.O. Box 350193

Suite, Apt. #, etc.

Atrium Suite

Suite, Apt. #, etc.

City & State

Palm Coast, FL 32137

City & State

Palm Coast, FL 32135-0193

Zip**Country****Zip****Country****4. FEI Number**

59-3531851

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJeffrey K. Green, Esquire
1 Florida Park Drive South, Atrium Suite
Palm Coast, Florida 32137**7. Name and Address of New Registered Agent****Name**

Jeffrey K. Green, Esquire

Street Address (P.O. Box Number is Not Acceptable)

1 Florida Park Drive South, Atrium Suite

City

Palm Coast,

FL**Zip Code**

32137

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)

April 27, 2001

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, 2001 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****TITLE** Jeffrey K. Green P/D ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP☐ Change ☐ Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey K. Green

Date

April 27, 2001

Daytime Phone #

CR2E034 (11/00)