Apr-30-01 03:38P

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State
05-18-2001 91596 024 ***150.00

DOCUMENT # P98000074191

1. Entity Name
Jay D Steele Pay. D. P.A

Principal Place of Business: 500 Royal Palm Beach Blvd.
Mailing Address: Royal Palm Beach, Fl 33411

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc
Suite, Apt. #, etc.
City & State
City & State
Zip
Country
Zip
Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0860786 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jay D Steele Pay D. PA.
500 Royal Palm Beach Blvd
Royal Palm Beach, Fl 33411

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.

X SIGNATURE: [signature] 4-30-01
Signature, title or typed name of registered agent or other authorized officer — NOTE: Registered Agent signature required when changing — DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

[redacted]

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President ☐ Delete
NAME: Jay D Steele
STREET ADDRESS: 500 Royal Palm Beach Blvd
CITY-ST-ZIP: Royal Palm Beach, Fl 33411

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E024 (11/00)

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 corrections.

X SIGNATURE: [signature] 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR