

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000074868**1. Entity Name
JASON SCOTT COUPAL, P.A.

Principal Place of Business

1975 E SUNRISE BLVD.
SUITE 513
FORT LAUDERDALE
33304

FL

Mailing Address

1975 E SUNRISE BLVD.
SUITE 513
FORT LAUDERDALE
33304

FL

2. Principal Place of Business

515 N FLAGLER DR

3. Mailing Address

515 N FLAGLER DR

Suite, Apt. #, etc.

SUITE P300

Suite, Apt. #, etc.

SUITE P300

City & State

WEST PALM BEACH

FL

City & State

WEST PALM BEACH

FL

Zip

33401

Country

Zip

33401

Country

4. FEI Number

65-0861547

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 Agent

COUPAL JASON S
1975 E SUNRISE BLVD.
SUITE 513
FORT LAUDERDALE
33304

FL

7. Name and Address of New Registered Agent

Name

COUPAL JASON S

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

515 N FLAGLER DR

SUITE P300

City

WEST PALM BEACH

FL

Zip Code
33401

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)

09/15/2001

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 D ☐ Delete
NAME COUPAL JASON S
STREET ADDRESS 1975 E SUNRISE BLVD. STE 513
CITY-ST-ZIP FORT LAUDERDALE FL 33304TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME COUPAL JASON S
STREET ADDRESS 515 N FLAGLER DR STE P300
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Jason Scott Coupal

D

09/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)