

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000084157****1. Entity Name**
JOHN G. GEORGE, P.A.**Principal Place of Business**
409 SOUTHEAST SEVENTH STREET
FORT LAUDERDALE FL 33301**Mailing Address**
409 SOUTHEAST SEVENTH STREET
FORT LAUDERDALE FL 33301**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2390303**

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****GEORGE, JOHN G ESQ.**
409 SOUTHEAST SEVENTH STREET
FORT LAUDERDALE FL 33301Name _____
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** _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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, 2002 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 **D**
STREET ADDRESS **GEORGE, JOHN G**
CITY-ST-ZIP **409 SOUTHEAST SEVENTH STREET**
FORT LAUDERDALE FL 33301 ☐ DeleteTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ AdditionTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ DeleteTITLE _____
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CITY-ST-ZIP _____ ☐ Change ☐ AdditionTITLE _____
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STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ AdditionTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ DeleteTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition**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**FILED**
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90026 035 ***150.00



DO NOT WRITE IN THIS SPACE

0304889 AV

CR2E034 (9/01)

1/4/02 954-522-1177
Date Daytime Phone #