

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90450 030 ***150.00

0327128 AV

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
315 SE 7th St

3. Mailing Address

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.
Same.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft Lauderdale

City & State

4. FEI Number
59-2390303

Applied For
Not Applicable

Zip
33301

Country
Broward

Zip

Country

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 33301**

Name

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

315 SE 7th St Suite 301

City
Ft Laud.

FL

Zip Code
33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GEORGE, JOHN G
409 SOUTHEAST SEVENTH STREET
FORT LAUDERDALE FL 33301**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
315 SE 7th St

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/03 954 522-1177

CR2E034 (10/02)