

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104197

1. Entity Name
PAUL H. TELSON, P.A.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90105 026 ***150.00

Principal Place of Business
4330 W. BROWARD BLVD. SUITE G
PLANTATION FL 33317

Mailing Address
4330 W. BROWARD BLVD.
PLANTATION FL 33317

2. Principal Place of Business
SAME
Suite, Apt. #, etc. G

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
PLANTATION FL
Zip 33317 Country BROWARD

City & State
Zip Country

4. FEI Number 65-0883259

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

H.A. INCORPORATED
308 NW 101 TERR.
CORAL SPRINGS FL 33071

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELSON, PAUL H 4330 W. BROWARD BLVD. PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul H. Telson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 954-7919580
Date Daytime Phone #

CR2E034 (10/00)