

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90440 007 ***150.00

DOCUMENT # P98000107750

1. Entity Name

ST. JOHN, CORE, Fiore + Lemme, P.A.

671444

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 AUSTRALIAN AVE SO.

3. Mailing Address

Same

Suite, Apt. #, etc.

STE. 600

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

4. FEI Number

65-0883982

Applied For

Not Applicable

Zip

33401

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ST. JOHN DAVID Esq.

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

500 AUSTRALIAN AVE SO, Ste 600

City

West Palm Beach FL

Zip Code

33401

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IN THIS SPACE**

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)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Director
NAME ST. JOHN, DAVID
STREET ADDRESS 500 AUSTRALIAN AVE SO., Ste 600
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE Director
NAME CORE, DAVID A.
STREET ADDRESS 500 AUSTRALIAN AVE SO., Ste 600
CITY-ST-ZIP West Palm Beach, FL 33401

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(561) 655-8994

Daytime Phone #

CR2E034B (12/01)