

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90005 038 ***150.00

DOCUMENT # P99000005371

1. Entity Name
JAMES LOUIS KOLBE, PA

(LA)

Principal Place of Business
5300 NW 33 AVE., STE. 117
FORT LAUDERDALE FL 33309

Mailing Address
5300 NW 33 AVE., STE. 117
FORT LAUDERDALE FL 33309

PLEASE CHANGE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15621 LATINA PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WELLINGTON, FL.

4. FEI Number **65-0888910**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33414

PALM BEACH

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

SERCHAY, ALLAN
5300 NW 33 AVE., STE. 117
FORT LAUDERDALE FL 33309

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 _____ (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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 LOUIS KOLBE, JAMES 15621 LATINA PL WEST PALM BEACH FL 33414	<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
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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: *James Kolbe*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/01 **(561) 798-2276**
 Date Daytime Phone #

CR2E034 (5/01)

attachment
DH # p9900005371
A0077323

15621 Latina Place
West Palm Beach, FL. 33414
July 10, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL. 32302-1500

Gentlemen:

I spoke to Robert at your office today just to let him know that my original 2001 Uniform Business Report form was never received by my accountant's office, which was the mailing address. My accountant thought the report was sent directly to my home. The address line, evidently, to the accountant's office did not include the phrase c/o Serchay Financial Service; it just had their street address and it's a large office complex.

Please make the change to my mailing address for any future mail and mail it directly to my home address as indicated on the Uniform Business Report Form. Thank you very much for your help in this.

Cordially,



James L. Kolbe
P.A.