

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90132 012 ***150.00

DOCUMENT # P99000042084

1. Entity Name

JOHN VAN VORST, C.P.A., P.A.



Principal Place of Business

~~2189 SE 9TH STREET~~

~~POMPAHO BEACH FL 33062~~

6550 N. FEDERAL HWY. # 340
FORT LAUDERDALE FL 33308

Mailing Address

~~2189 SE 9TH STREET~~

~~POMPAHO BEACH FL 33062~~

SUITE 340
6550 N. FEDERAL HWY.
FORT LAUDERDALE FL 33308

2. Principal Place of Business

6550 N. FEDERAL HWY.

3. Mailing Address

6550 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 340

Suite, Apt. #, etc.

SUITE 340

City & State

FORT LAUDERDALE FL.

City & State

FORT LAUDERDALE FL.

Zip

33308

Country

USA

Zip

33308

Country

USA

6. Name and Address of Current Registered Agent

BAMMAM, FRED C III

2189 SE 9TH STREET

POMPAHO BEACH FL 33062

4. FEI Number

65-0919635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

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. 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

TITLE **D** ☐ Delete
NAME **VAN VORST, JOHN**
STREET ADDRESS **2159 SE 9TH STREET**
CITY-ST-ZIP **POMPAHO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CR2E034 (10/02)

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 OF JOHN VAN VORST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.8.03 954 234 5977
Date Daytime Phone #