

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-18-2003 90147 032 ***150.00

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DOCUMENT # P99000073264

1. Entity Name
GREGG W. HOOTH, P.A.



Principal Place of Business
**3109 STIRLING ROAD SUITE 101
FT LAUDERDALE FL 33312**

Mailing Address
**3109 STIRLING ROAD SUITE 101
FT LAUDERDALE FL 33312**



2. Principal Place of Business

**3111 Stirling Rd.
Suite, Apt. #, etc.
Ste. 307**

3. Mailing Address

**3111 Stirling Rd.
Suite, Apt. #, etc.
Ste. 307**

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number **65-0953310**

Applied For
Not Applicable

Zip Country
33312 Broward

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33312 Broward

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

**HOOTH, GREGG W
3109 STIRLING ROAD SUITE 101
FT LAUDERDALE FL 33312**

Name
HOOTH, GREGG W.
Street Address (P.O. Box Number is Not Acceptable)
3111 STIRLING Rd., Ste. 307

City **Ft. Lauderdale** **FL** Zip Code **33312**

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 HOOTH, GREGG W 3109 STIRLING ROAD SUITE 101 FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (954) 981-3064
Date Daytime Phone #

CR2E034 (10/02)