

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90124 019 ***150.00

DOCUMENT # P99000086794

1. Entity Name
JAMES A. KLOHN, P.A.

Principal Place of Business

Mailing Address

~~1001 N. US HWY ONE, STE. 400~~
JUPITER FL 33477

~~1001 N. US HWY ONE, STE. 400~~
JUPITER FL 33477

00052633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6335-1 Riverwalk LN

6335-1 Riverwalk LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jupiter, FL

Jupiter, FL

Zip

Country

33458

Zip

Country

33458

4. FEI Number **65-0951716**

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

KLOHN, JAMES A

~~1001 N. US HWY ONE, STE. 400~~
JUPITER FL 33477

Name

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

6335-1 Riverwalk LN.

City

Jupiter

FL

Zip Code

33458

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) ☐

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 **DP** ☐ Delete
 NAME **KLOHN, JAMES A**
 STREET ADDRESS **1001 N US HWY ONE # 400**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
 NAME **6335-1 Riverwalk LN**
 STREET ADDRESS **Jupiter, FL 33458**
 CITY-ST-ZIP **33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Kohn, P.A. **4/30/01** **(561) 575-2110**

Date Daytime Phone #

CR2E034 (10/00)