

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90050 006 \*\*\*150.00

**DOCUMENT # P99000087501**

1. Entity Name  
**JAMES N. STANLEY JR., P.A.**

Principal Place of Business  
**3505 S. OCEAN DR.  
 SUITE 920  
 HOLLYWOOD FL 33019**

Mailing Address  
**3505 S. OCEAN DR.  
 SUITE 920  
 HOLLYWOOD FL 33019**

117189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**351 N.W. LeJeune Rd.**

3. Mailing Address  
**351 N.W. LeJeune Rd.**

Suite, Apt. #, etc.  
**Suite 201**

Suite, Apt. #, etc.  
**Suite 201**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0951572** Applied For   
 Not Applicable

Zip **33126** Country **Dade**

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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**

**STANLEY, JAMES N JR  
 3505 S. OCEAN DR., #920  
 HOLLYWOOD FL 33019**

Name **James N. Stanley Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**351 N.W. LeJeune Rd., Ste. 201**  
 City **Miami, FL** Zip Code **33126**

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 DATE **1-14-02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STANLEY, JAMES N JR</b> <b>3505 S. OCEAN DR., #920</b> <b>HOLLYWOOD FL 33019</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>James N. Stanley Jr.</b> <b>351 N.W. LeJeune Rd., #201</b> <b>Miami, FL 33126</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: DATE **1-14-02** (305) 631-1919

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (9/01)