

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
 03-16-2001 90009 005 ***150.00

DOCUMENT # P99000105814

1. Entity Name

SETH E. ELLIS, P.A.

Principal Place of Business

**7000 WEST PALMETTO PARK ROAD #300
 BOCA RATON FL 33433**

Mailing Address

**7000 WEST PALMETTO PARK ROAD #300
 BOCA RATON FL 33433**

2. Principal Place of Business

2600 N. Military Trail

Suite, Apt. #, etc.

Suite 290

City & State

Boca Raton, FL

3. Mailing Address

2600 N. Military Trail

Suite, Apt. #, etc.

Suite 290

City & State

Boca Raton FL

Zip

Country

33431

USA

Zip

33431

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0965968

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, SETH E

**7000 WEST PALMETTO PARK ROAD #300
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

Seth Ellis

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

2600 N. Military Trail

Suite 290

City

Boca Raton

FL

Zip Code

33431

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]

Seth E. Ellis

3/12/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, SETH E	
STREET ADDRESS	7000 WEST PALMETTO PARK ROAD #300	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellis, Seth	
STREET ADDRESS	2600 N. Military Trail, 290	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 561-988 0075

Date

Daytime Phone #

CR2E034 (10/00)