

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09915

1. Entity Name

SHORSTEIN & KELLY, P.A.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90014 022 ***150.00

Principal Place of Business Mailing Address
1660 PRUDENTIAL DRIVE 1660 PRUDENTIAL DRIVE
402 DUPONT CENTER 402 DUPONT CENTER
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-8197
US US

2. Principal Place of Business 3. Mailing Address
218 E. Ashley St. P.O. Box 10007
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville FL Jacksonville FL
Zip Country Zip Country
32202 Duval 32247 Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3103103 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
SHORSTEIN, MICHAEL A. Name
1660 PRUDENTIAL DRIVE Street Address (P.O. Box Number is Not Acceptable)
402 DUPONT CENTER 218 E. Ashley St.
JACKSONVILLE FL 32207 City Jacksonville FL Zip Code 32202

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 Michael A. Shorstein 3/31/01
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. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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 | DVTS | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHORSTEIN, MICHAEL A. | | NAME | | |
| STREET ADDRESS | 1660 PRUDENTIAL DR., #402 | | STREET ADDRESS | 218 E. Ashley St. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | JACKSONVILLE, FL 32202 | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KELLY, BRIAN T. | | NAME | | |
| STREET ADDRESS | 1660 PRUDENTIAL DR., #402 | | STREET ADDRESS | 218 E. Ashley St. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | JACKSONVILLE, FL 32202 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Michael A. Shorstein 3/31/00 904-348-6400
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)