

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90261 032 ***150.00

DOCUMENT # V68636

1. Entity Name

THOMAS F. GUSTAFSON, P.A.

Principal Place of Business

Mailing Address

4901 N. Federal Hwy #440
LAUDERDALE FL 33308**4901 N FEDERAL HWY. STE. 440**
FT. LAUDERDALE FL 33308-4613

2. Principal Place of Business

3. Mailing Address

4901 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 440

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33308

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GUSTAFSON, THOMAS F.**401 POINCIANA DR.****FORT LAUDERDALE FL 33301**

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, 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **GUSTAFSON, THOMAS F.**
CITY-ST-ZIP **401 POINCIANA DR.**
FORT LAUDERDALE FL 33301TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4/28/2000 (954) 492-0071

CR2E034 (9/99)