

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90067 031 ***150.00

DOCUMENT # G02695

1. Entity Name

LAW, REDD, CRONA & MUNROE, P.A.

Principal Place of Business

**% HARRY L. REDD
 2727 APALACHEE PARKWAY
 TALLAHASSEE FL 32301-3629**

Mailing Address

**% HARRY L. REDD
 2727 APALACHEE PARKWAY
 TALLAHASSEE FL 32301-3629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2221664

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

**REDD, HARRY L.
 2727 APALACHEE PARKWAY
 TALLAHASSEE FL**

Name

Richard H. LAW

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

2727 Apalachee Pkwy

City

Tallahassee

FL

Zip Code

32301

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 NAME STREET ADDRESS CITY-ST-ZIP	V LAW, RICHARD H 2727 APALACHEE PARKWAY TALLAHASSEE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRONA, WILLIAM D 2727 APALACHEE PARKWAY TALLAHASSEE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REDD, HARRY 2727 APALACHEE PARKWAY TALLAHASSEE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNROE, PETER G. 2727 APALACHEE PARKWAY TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)