

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90161 027 ***150.00

DOCUMENT # K49724

1. Entity Name

BUMGARDNER AND ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

7797 N UNIVERSITY DR
 SUITE 206
 LAUDERHILL FL 33321
 US

C/O DONNA BUMGARDNER
 7098 N.W. 49TH ST
 LAUDERHILL FL 33319-3429

2. Principal Place of Business

7707 N. University St.

3. Mailing Address

Suite, Apt. #, etc.

Suite #103

City & State

Tamara FL

Zip

33321

Country

US

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0081150

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

BUMGARDNER, DONNA A.
7098 N.W. 49TH ST
LAUDERHILL FL 33319

Name

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

City

FL

Zip Code

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, 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 **PD** ☐ Delete
 NAME **BUMGARDNER, DONNA A.**
 STREET ADDRESS **7098 N.W. 49TH ST**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 #

CR2E034 (9/99)