

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 08, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000001313

1. Entity Name
BRUCE D. DEE, C.P.A., P.A.

Principal Place of Business
 1167 THIRD STREET SOUTH #101
 NAPLES FL 34102

Mailing Address
 1167 THIRD STREET SOUTH #101
 NAPLES FL 34102

2. Principal Place of Business
 1167 THIRD STREET SOUTH
 Suite, Apt. #, etc.
 107

3. Mailing Address
 1167 THIRD STREET SOUTH
 Suite, Apt. #, etc.
 107

DO NOT WRITE IN THIS SPACE

City & State
 NAPLES FL

City & State
 NAPLES FL

4. FEI Number
59-3616320

Applied For
 Not Applicable

Zip Country
 34102

Zip Country
 34102

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

DEE BRUCE DC.P.A.
 1167 THIRD STREET SOUTH #101
 NAPLES FL 34102

Name
DEE BRUCE DC.P.A.

Street Address (P.O. Box Number is Not Acceptable)
1167 THIRD STREET SOUTH

107

City
NAPLES FL Zip Code
34102

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 **BRUCE D. DEE, CPA**

01/08/2001

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	D DEE BRUCE DC.P.A.
STREET ADDRESS	1167 THIRD STREET SOUTH #101
CITY-ST-ZIP	NAPLES FL 34102
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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEE KELLY R
STREET ADDRESS	1167 THIRD STREET SOUTH #107
CITY-ST-ZIP	NAPLES FL 34102
TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE BRUCE D
STREET ADDRESS	1167 THIRD STREET SOUTH #107
CITY-ST-ZIP	NAPLES FL 34102
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: **BRUCE D. DEE** PSTD 01/08/2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)