

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90037 010 ***150.00

DOCUMENT # P00000038550

1. Entity Name
BOLAND & GLENN, PA.

Principal Place of Business 4320 LAKE IN THE WOODS DR. SPRING HILL FL 34607	Mailing Address 4320 LAKE IN THE WOODS DR. SPRING HILL FL 34607
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1 0 0 9 4 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3635429		Applied For <input type="checkbox"/> Not Applicable																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																	
Zip	Country	Zip	Country	<table border="1"> <tr> <td colspan="2">Name</td> <td colspan="2">City</td> <td colspan="2">State</td> <td colspan="2">Zip Code</td> </tr> <tr> <td colspan="2">BOLAND, JOE</td> <td colspan="2"></td> <td colspan="2">FL</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="4"></td> </tr> <tr> <td colspan="4">City</td> <td colspan="4"></td> </tr> </table>				Name		City		State		Zip Code		BOLAND, JOE				FL				Street Address (P.O. Box Number is Not Acceptable)								City							
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BOLAND, JOE				FL																																			
Street Address (P.O. Box Number is Not Acceptable)																																							
City																																							

6. Name and Address of Current Registered Agent
BOLAND, JOE
4320 LAKE IN THE WOODS DR.
SPRING HILL FL 34607

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State: **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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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, 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	D BOLAND, JOE 4320 LAKE IN THE WOODS DR. SPRING HILL FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joe Boland **JOE BOLAND**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1-29-01 352 596-9999
 Daytime Phone #

CR2E034 (10/00)