

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90103 001 ***600.00

DOCUMENT # P93000027242

1. Entity Name
DAVID D. BONE, P.A.

Principal Place of Business 1952 FIELD RD- STE B SARASOTA FL 34231	Mailing Address 1952 FIELD RD STE B SARASOTA FL 34231
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>100 Wallace Ave</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Sarasota FL</i> Zip <i>34237</i> Country <i>Sarant</i>	3. Mailing Address <i>100 Wallace</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Sarasota FL</i> Zip <i>34237</i> Country <i>Sarant</i>
---	---

4. FEI Number 65-0402099	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

BONE, DAVID D
~~1952 FIELD RD STE B~~
~~SARASOTA FL 34231~~

100 Wallace Ave #100
Sarasota, FL 34237

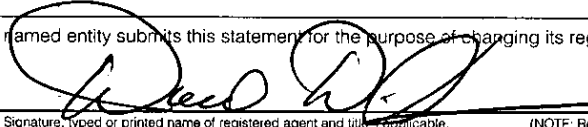
7. Name and Address of New Registered Agent

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:  DATE: 1/11/02

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE D	<input type="checkbox"/> Delete
NAME BONE, DAVID D	
STREET ADDRESS 1952 FIELD RD STE B	
CITY-ST-ZIP SARASOTA FL 34231	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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:  DATE: 1/11/02 (941) DAYTIME PHONE #: 954-8405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)