## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 467023**

1. Entity Name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRIETT AND SPROULL, P.A.

## FILED Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90133 040 \*\*\*150.00

Principal Place	of Business,		Mailing Address 314 ST. JOHNS AVENUE								
FLORIDA 32177-4723 PALATKA FLORIDA 32177-4723						}					
				-			- 1 1406));	III EIEN EI <b>e</b> n	(	<b>A</b> PART ( <b>AA</b> )	
2. Principal Pi	lace of Busines	s	3. Mailing Address			-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	DO NOT WRITE IN	THIS SPA	CE		
City & State			City & State			<b>4.</b> F	FEI Number 59-1567173 Applied For				
Zip Country			Zip Countr		······································				Not Applicable  \$8.75 Additional		
						Fee Required					
	6. Name a	nd Address of Current F	egistered Agent		Name	7. N	Name and Address of New Regist	erea Age	<u>nt</u>		
SPROULL,JOHN F. 314 ST. JOHNS AVENUE PALATKA FLORIDA,32077					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	)	
8. The above	named entity s	submits this statement for	the purpose of changing its	registere	d office or regist	ered ag	ent, or both, in the State of Florida.	<u> </u>			
SIGNATURE .	Signature, typed or	printed name of registered agent ar	d title if applicable. (NOT	E: Registered	Agent signature requir	ed when re	einstating)	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 After MAY 1, 2000 Fee Make Check Payable to Description					viii be \$550.00		10. Election Campaign Financi Trust Fund Contribution.	ng 🗇		O May Be I to Fees	
11.		OFFICERS AND D	DIRECTORS	12.	·· — · · · · · · · · · · · · · · · · ·	AD	DITIONS/CHANGES TO OFFICER				
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	314 ST JOH				T ADDRESS					,	
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CITY-ST-ZIP					ST-ZIP						
indicated	on this report (	or supplemental report is:	true and accurate and that	my signat	ure shall have th	e same	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath;	that I am a	an officer	or director	
of the cor	poration or the	reseiver or trustee empor	vered to execute this report the all other like empowered	t as requir	ed by Chapter 6	07, Flori	ida Statutes; and that my name ap	pears in Bl	ock 11 or	Block 12 if	