

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90049 044 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 623555

1. Entity Name
CHARLES E. CANNON, CPA, P.A.

Principal Place of Business Mailing Address
400 FIFTH AVE. S. **400 FIFTH AVE. S.**
#200 **#200**
NAPLES FL 34102 **NAPLES FL 34102**

2. Principal Place of Business 3. Mailing Address
4501 Tamiami Trail North **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 204
 City & State City & State
Naples, FL
 Zip Country Zip Country
34103 **Collier**

4. FEI Number **59-1902077** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CANNON, CHARLES E.
400 5TH AV S, SUITE 200
NAPLES FL 33940

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail North, Suite 204
 City State Zip Code
Naples **FL** **34103**

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 _____
Signature, typed or printed name of registered agent and title if 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, 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	PD CANNON, CHARLES E. 400 FIFTH AVE. S. STE. 200 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4501 Tamiami Trail North, Suite 204 Naples, FL 34103 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Charles E Cannon Date: 1/8/2001 Daytime Phone #: (941) 262-0170

CR2E034 (10/00)