

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90433 037 ***150.00

DOCUMENT # 667122

1. Entity Name
AUTH & ASSOCIATES, INC.

Principal Place of Business Mailing Address
3501-B PONCE DE LEON BLVD **3501-B PONCE DE LEON BLVD**
SUITE 392 **SUITE 392**
ST AUGUSTINE FL 32095 **ST AUGUSTINE FL 32084-1201**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
165 TURTLE BAY LN. **165 TURTLE BAY LN.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PONTE VEDRA BEACH **PONTE VEDRA BEACH**
 Zip Country Zip Country
32082-4516 **ST. JOHNS** **32082-4516** **ST. JOHNS**

4. FEI Number Applied For
59-1990117 Not Applicable

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

6. Name and Address of Current Registered Agent
WEBB, HERBERT M., ESQ.
35 NORTH MAIN ST.
SUITE 38
GAINESVILLE FL 32601

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 _____
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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	AUTH, JEANNINE EMILY	
STREET ADDRESS	165 TURTLE BAY LANE	
CITY-ST-ZIP	S. PONTE VEDRA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AUTH, BRICE DENNIS	
STREET ADDRESS	165 TURTLE BAY LANE	
CITY-ST-ZIP	S. PONTE VEDRA BEACH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: *Brice Dennis Auth* Date: 4/22/2000 Daytime Phone #: 904/824-5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)