

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90041 027 ***150.00

DOCUMENT # 689550

1. Entity Name

ROBERT B. THURSTON, P.A., CERTIFIED PUBLIC ACCOU

Principal Place of Business

ACCOUNTANT
6720 LONE OAK BLVD.
NAPLES FL 33942
US

Mailing Address

ACCOUNTANT
6720 LONE OAK BLVD.
NAPLES FL 34120-1912
US

0 2 0 2 2 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

650 15th St. NW
Suite, Apt. #, etc.

3. Mailing Address

650 15th St. NW
Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip 34120-1912 Country US

City & State

NAPLES, FL

Zip 34120-1912 Country US

4. FEI Number

59-2187044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THURSTON, ROBERT B., C.P.A.
6720 LONE OAK BLVD.
NAPLES FL 33942

Name

Street Address (P.O. Box Number is Not Acceptable)

650 15th St. NW

City

NAPLES

FL

Zip Code 34120-1912

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

Robert B. Thurston, C.P.A., Pres. (R.B. THURSTON)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD THURSTON, ROBERT B 6700 LONE OAK BLVD. NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
650 15th St. NW. NAPLES, FL. 34120-1912	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert B. Thurston, C.P.A., Pres. (R.B. THURSTON)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/00

Date

941-352-1111

Daytime Phone #