

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F90287

1. Entity Name

JAMES T. DOYAL, C.P.A., P.A.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90075 022 \*\*\*150.00

Principal Place of Business

% JAMES T. DOYAL  
3082 O'BRIEN DR.  
TALLAHASSEE FL 32308  
US

Mailing Address

% JAMES T. DOYAL  
3082 O'BRIEN DR.  
TALLAHASSEE FL 32308-2751  
US

2. Principal Place of Business

1546 Metropolitan Blvd  
Suite 2  
Tallahassee FL

3. Mailing Address

← Same  
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32308

Country

LEON

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2223689

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

DOYAL, JAMES T  
3082 O'BRIEN DRIVE  
TALLAHASSEE FL 32308

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

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 PD  
NAME DOYAL, JAMES T  
STREET ADDRESS 3082 O'BRIEN DR.  
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*James T. Doyal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
Date

250/386-6144  
Daytime Phone #

CR2E034 (9/99)