## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G06664

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

1. Entity Name

2. Principal Place of Business

FRIDAY PA. MARGERY

27 BARKLEY CIRCLE FT MYERS FL 33907

Suite, Apt. #, etc.

City & State

Zip

MARGERY F. FRIDAY, P.A.

Mailing Address Principal Place of Business 27 BARKLEY CIRCLE 27 BARKLEY CIRCLE FT MYERS FL 33907-7531 FT MYERS FL 33907

6. Name and Address of Current Registered Agent

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

Country

3. Mailing Address

City & State

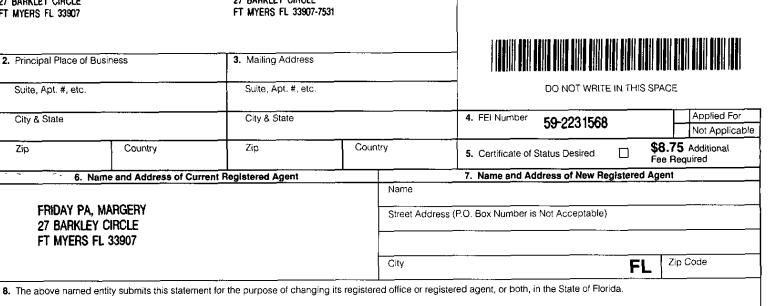
Zip

Suite, Apt. #, etc.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2000 8:00 am Secretary of State

05-15-2000 90302 001 \*\*\*150.00



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 \$5.00 May B Trust Fund Contribution.   Added to Fees	в
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIDAY, MARGERY F 27 BARKLEY CIRCLE FT MYERS, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ion
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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.					