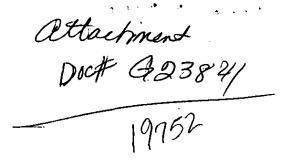
## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # G23841** Aug 17, 2000 8:00 am Secretary of State 1. Entity Name TERRY L. BRAUN, P.A. 08-17-2000 90145 001 \*\*\*400.00 08-17-2000 90145 002 \*\*\*158.75 Principal Place of Business Mailing Address 2415 SW 27TH AVE 107 NE 1ST AVE OCALA FL 34474 OCALA FL 32670-3661 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2282432 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34470-6661 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAUN TERRY Street Address (P.O. Box Number is Not Acceptable) 2415 SW 27TH AVE OCALA FL 32674-0006 Zip Code 34474-0006 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DP TITLE ☐ Delete TITLE X Change ☐ Addition BRAUN, TERRY L. NAME NAME BRAUN, TERRY L. 2415 27TH AVE STREET ADDRESS STREET ADDRESS 2415 SW 27TH AVE CITY-ST-ZIP OCALA FL CITY-ST-ZIP OCALA FL 34474-0006 □ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP \_\_\_\_.Change\_\_ - \_\_\_ Addition -TITLE C Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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





July 13, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

> RE: Terry L. Braun, P.A. FEI# 59-2282432 Document# G23841

Dear Madam or Sir:

This letter is in response to your notice referenced above. Please waive the assessed penalties. The corporation was not responsible for the late filing of the Uniform Business Report.

Our firm prepares this form for filing. The late filing was due to a flaw in our system and was not due to negligence or intentional disregard by the corporation.

Thank you for your consideration of our request.

Sincerely,

Michael W. Berrynill, C.P.A.

MWB/rpm

Enclosures