

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2001 8:00 am**
Secretary of State

04-06-2001 90017 040 ***150.00

DOCUMENT # H35711**1. Entity Name**
EDNA BIGGS, P.A.**Principal Place of Business****320 S COURTLAND AVENUE**
BARTOW FL 33830
US**Mailing Address****320 S COURTLAND AVENUE**
BARTOW FL 33830
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2479781**

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****BIGGS, EDNA**
1350 N WILSON AVE
APT 206
BARTOW FL 33830**Name**
Edna Biggs**Street Address (P.O. Box Number is Not Acceptable)**
320 S. Courtland Avenue**Bartow****City****FL** **Zip Code**
33830**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, 2001 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** **P** ☒ **Delete**
NAME **BIGGS, EDNA**
STREET ADDRESS **1350 N WILSON AVE, #206**
CITY-ST-ZIP **BARTOW FL 33830****TITLE** **P** **Address** ☒ **Change** ☐ **Addition**
NAME **Edna Biggs**
STREET ADDRESS **320 S. Courtland Avenue**
CITY-ST-ZIP **Bartow, FL 33830****TITLE** ☐ **Delete**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edna Biggs**4/4/2001**

Date

863/534-1774

Daytime Phone #

CR2E034 (10/00)