

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90189 030 ***150.00

DOCUMENT # H42789

1. Entity Name
BIGLEY & ASSOCIATES, P.A.

Principal Place of Business 1512 W. COLONIAL DR #1 ORLANDO FL 32804 US	Mailing Address 1512 W. COLONIAL DR #1 ORLANDO FL 32804 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2496970		Applied For														
		Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required														
<table border="1"> <tr> <th colspan="2">6. Name and Address of Current Registered Agent</th> <th colspan="2">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="2" rowspan="4"> BIGLEY, MICHAEL R. 1512 WEST COLONIAL DRIVE ORLANDO FL 32804 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td>FL</td> <td>Zip Code</td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		BIGLEY, MICHAEL R. 1512 WEST COLONIAL DRIVE ORLANDO FL 32804		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
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BIGLEY, MICHAEL R. 1512 WEST COLONIAL DRIVE ORLANDO FL 32804		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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BIGLEY, DR. MICHAEL R. 1512 W. COLONIAL DR ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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.

SIGNATURE: *Michael R. Bigley, Pres/CEO* **4/16/01 (407) 423-1768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)