

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90060 010 \*\*\*150.00

**DOCUMENT # J20025**

1. Entity Name  
**JON J. BOLLIER, P.A.**

Principal Place of Business % JON J. BOLLIER 8533 NORTHWEST 11TH STREET CORAL SPRINGS FL 33071-7101	Mailing Address % JON J. BOLLIER 8533 NORTHWEST 11TH STREET CORAL SPRINGS FL 33071-7101
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00082041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1500 UNIVERSITY DR</b>	3. Mailing Address <b>1500 UNIVERSITY DR</b>
Suite, Apt. #, etc. <b>208</b>	Suite, Apt. #, etc. <b>208</b>
City & State <b>CORAL SPRINGS FL</b>	City & State <b>CORAL SPRINGS FL</b>
Zip <b>33071</b>	Zip <b>33071</b>
County <b>DROWARD</b>	County <b>DROWARD</b>

4. FEI Number <b>59-2651575</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOLLIER, JON J.**  
**8533 NORTHWEST 11TH STREET**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ 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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLLIER, JON J.</b> <b>8533 NW 11TH STREET</b> <b>CORAL SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JON J. BOLLIER, V-P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>8533 NW 11 ST</b> <b>CORAL SPRINGS FL 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KRISTEN B. BOLLIER</b> <b>8533 NW 11 ST</b> <b>CORAL SPRINGS FL 33071</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: SIGNATURE OF JON J. BOLLIER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/00 954-340-7793  
Date Daytime Phone #

CR2E034 (5/00)

Attachment DOG#  
120025  
00082041

jon j. bollier, p.a.

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

July 8, 2000

Divisions of Corporations:

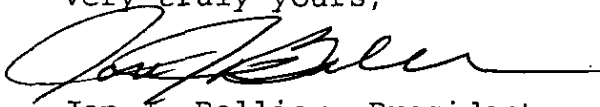
Re: 2000 Uniform Business Report

Please be advised that the 2000 Uniform Business Report was mailed to the wrong address, therefore, I mailed in a check for \$150.00 along with an explanation on April 21, 2000. The check was subsequently returned along with a Uniform Business Report form which I again mailed to you.

After some time, I received the enclosed form which I return for reinstatement.

Thank you for your consideration.

Very truly yours,



Jon J. Bollier, President

JJB/jk

ACCOUNTING • INCOME TAXATION • MANAGEMENT CONSULTING

1500 University Dr., Suite 208 / Coral Springs, Florida 33071 • (305) 340-7793 / Fax (305) 752-7306