

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # J27122**

1. Entity Name

**BAGWELL & CAPPELLO, CPA, P.A.**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90105 039 \*\*\*150.00

Principal Place of Business 1800 BOOTHE CIRCLE SUITE 104 LONGWOOD FL 32750	Mailing Address 1900 BOOTHE CIRCLE SUITE 104 LONGWOOD FL 32750-6774
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-2709254</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BAGWELL, BRENDA**  
**1900 BOOTHE CIR STE 104**  
**LONGWOOD FL 32750**

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 \$150.00**  
**After MAY 1, 2000 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

TITLE <del>PD</del>	NAME <b>PALMER, PHYLLIS M.</b>	STREET ADDRESS <b>8079 WATERMAN ST</b>	CITY-ST-ZIP <b>DELTONA FL 32738</b>	<input checked="" type="checkbox"/> Delete
TITLE <del>VP</del>	NAME <b>BAGWELL, BRENDA F.</b>	STREET ADDRESS <b>2061 WEMBLEY PL</b>	CITY-ST-ZIP <b>OVIEDO FL</b>	<input type="checkbox"/> Delete
TITLE <del>VP</del>	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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>PRESIDENT</b>	<b>BAGWELL, BRENDA F.</b>	<b>2061 WEMBLEY PLACE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>OVIEDO, FL</b>			
	<b>VP</b>	<b>BONNIE CAPPELLO</b>	<b>974 VICKSBURG ST.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>DELTONA, FL</b>	<b>32725</b>	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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)(l), 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: Brenda Bagwell **REQUIRED** Date: 2/15/2000 Daytime Phone #: 407-834-2538

CR2E034 (9/99)