

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J31322

1. Entity Name

JOHN E. QUIGG ACCOUNTANT, P.A.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90137 017 \*\*\*150.00

Principal Place of Business

Mailing Address

~~805~~ OAK PARK RD  
 SOPCHOPPY FL 32358

932 ~~805~~ OAK PARK RD  
 SOPCHOPPY FL 32358-0882

2. Principal Place of Business

932 OAK PARK RD

3. Mailing Address

932 OAK PARK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sopchoppy FL

City & State

Sopchoppy FL

Zip

32358

Country

USA

Zip

32358

Country

USA

4. FEI Number

59-2717816

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

QUIGG, JOHN E  
 805 OAK PARK RD  
 SOPCHOPPY FL 32358

Name

Quigg, John E  
 Street Address (P.O. Box Number is Not Acceptable)

932 OAK PARK RD

City

Sopchoppy

FL

Zip Code

32358

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

John E. Quigg

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	QUIGG, JOHN E.	
STREET ADDRESS	805 OAK PARK RD	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUIGG, EMMA E	
STREET ADDRESS	805 OAK PARK RD	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quigg, John E	
STREET ADDRESS	932 OAK PARK RD	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quigg, Emma E	
STREET ADDRESS	932 OAK PARK RD	
CITY-ST-ZIP	Sopchoppy FL 32358	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

John E. Quigg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-00

Daytime Phone #

850 962 4333

CR2E034 (9/99)