

2000 UNIFORM BUSINESS REPORT (UBR)

6/2

FILED
Sep 20, 2000 8:00 am
Secretary of State

06-30-2000 90001 033 ***150.00
 09-20-2000 90003 033 ***400.00

DU107601



DO NOT WRITE IN THIS SPACE

DOCUMENT # K03240
 1. Entity Name
LAW OFFICE OF ORRIN R. BEILLY, P. A.

Principal Place of Business Mailing Address
105 S NARCISSUS AVE S705 **105 S NARCISSUS AVE S705**
WEST PALM BEACH FL 33401 **WEST PALM BEACH FL 33401-5524**

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 **65-0026445** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
BEILLY, ORRIN R
105 S NARCISSUS AVE S705
WEST PALM BEACH FL 33401

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEILLY, ORRIN R. 105 S NARCISSUS AVE 705 W. PALM BEACH FL	<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		<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
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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

3. 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 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

6/23/2000 **561-832-1603**
 Date Daytime Phone #

CR2E034 (9/99)



Attachment # K03240
B0107251

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 7, 2000

LAW OFFICE OF ORRIN R. BEILLY, P. A.
105 S NARCISSUS AVE S705
WEST PALM BEACH, FL 33401

Subject: LAW OFFICE OF ORRIN R. BEILLY, P. A.

Reference Number: K03240

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

LAW OFFICE OF ORRIN R. BEILLY, P.A. 07/90		6023
OPERATING ACCOUNT		
105 S. Narcissus Ave., Ste. 705		63-643/670
West Palm Beach, Fl 33401		BRANCH 03328
TO THE ORDER OF	State Department of State	DATE 9/5/00
	\$ 400.00	
	Four hundred and 00/100	DOLLARS
FOR balance on uniform bus report		
006023 067006432 215500 119924		

FIRST UNION First Union National Bank
firstunion.com
R/T 067006432

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