

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60893

1. Entity Name

ONEZ O'NEAL & ASSOCIATES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90134 007 ***150.00

Principal Place of Business

182 MEADOW RIDGE DRIVE
TALLAHASSEE FL 32312

Mailing Address

~~P.O. BOX 2274~~
~~TALLAHASSEE FL 32316-2274~~

2. Principal Place of Business

182 Meadow Ridge DR

Suite, Apt. #, etc.

N/A

City & State

TALLAHASSEE FL

Zip

32312

Country

USA

3. Mailing Address

182 Meadow Ridge DR

Suite, Apt. #, etc.

N/A

City & State

TALLAHASSEE, FL

Zip

32312

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2964618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, ONEZ
182 MEADOW RIDGE DR
TALLAHASSEE FL 32312

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

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

TITLE DPST
NAME O'NEAL, ONEZ
STREET ADDRESS 182 MEADOW RIDGE DR
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SOON O'Neal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-00

Date

8508943292

Daytime Phone #

CR2E034 (9/99)