

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K75834**

1. Entity Name  
**JAY QUIGLEY, P.A.**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90028 038 \*\*\*150.00

Principal Place of Business  
**JAY QUIGLEY**  
**1075 GULF OF MEXICO DR., #101**  
**LONGBOAT KEY FL 34228**  
**US**

Mailing Address  
**1075 GULF OF MEXICO DR.**  
**#101**  
**LONGBOAT KEY FL 34228**  
**US**

2. Principal Place of Business  
**9731 Knightsbridge Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**9731 Knightsbridge Circle**  
Suite, Apt. #, etc.

City & State  
**Sarasota, Florida**  
Zip  
**34238-3241**

City & State  
**Sarasota, Florida**  
Zip  
**34238-3241**

4. FEI Number **65-0106182**  
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

**QUIGLEY, JAY**  
**1075 GULF OF MEXICO DR., #101**  
**LONGBOAT KEY FL 34228**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9731 Knightsbridge Circle**  
City  
**Sarasota** FL Zip Code  
**34238-3241**

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 *Jay Quigley*  
Signature used or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02/01/01**  
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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**QUIGLEY, JAY**  
**1075 GULF OF MEXICO DR., #101**  
**LONGBOAT KEY FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**9731 Knightsbridge Circle**  
**Sarasota, FL 34238-3241** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS**  
**QUIGLEY, BONNIE R**  
**1075 GULF OF MEXICO DRIVE, #101**  
**LONGBOAT KEY FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**9731 Knightsbridge Circle**  
**Sarasota, FL 34238-3241** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: *Bonnie R. Quigley, Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/01/01** **941-966-6363**  
Date Daytime Phone #

CR2E034 (10/00)