

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L26428**

1. Entity Name

JEANNE BERGELIN MURPHY, CPA, P.A.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90104 005 ***150.00

Principal Place of Business

9200 BONITA BEACH ROAD
 SUITE 210
 BONITA SPRINGS FL 33923
 US

Mailing Address

9200 BONITA BEACH ROAD
 SUITE 210
 BONITA SPRINGS FL 34135-4278
 US

2. Principal Place of Business

3. Mailing Address

1106 Forest Lakes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Naples FL

4. FEI Number

65-0145834

Applied For

Not Applicable

Zip

Country

Zip

Country

34105 USA

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

MURPHY, FRANK P E
~~KEANE, MURPHY & HOUGH~~
 800 LAUREL OAK DR STE 301
 NAPLES FL 33963

Keane + Murphy

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MURPHY, JEANNE BERGELIN	
STREET ADDRESS	1106 FOREST LAKES BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

Jeane Bergelin Murphy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

941-495-7600
 Daytime Phone #

CR2E034 (9/99)