

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L31684**

1. Entity Name

O'BYRNE AND PARKER, P.A., CERTIFIED PUBLIC ACCOU**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90036 021 ***150.00

Principal Place of Business
William H. O'Byrne, CPA, PA

Mailing Address

PO BOX 1239
ALACHUA FL 32616-1239
US~~O'BYRNE & PARKER PA CPA~~**14115 NW 150 AVE****ALACHUA FL 32616****US****B0017680**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14305 NW 154 Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL 32615

City & State

4. FEI Number

59-2980033

Applied For

Not Applicable

Zip

Country

Zip

Country

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

O'BYRNE, WILLIAM H.
14115 NW 150TH AVE
ALACHUA FL 32615

Name

Street Address (P.O. Box Number is Not Acceptable)
14305 NW 154 Terrace**Alachua, FL 32615**

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

*William H. O'Byrne**William H. O'Byrne, President**2-7-00*

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 State10. 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 **D** ☐ Delete
NAME **O'BYRNE, WILLIAM H.**
STREET ADDRESS **14115 NW 150TH AVE**
CITY-ST-ZIP **ALACHUA FL**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14305 NW 154 Terrace**
CITY-ST-ZIP **Alachua, FL 32615**TITLE **D** ☒ Delete
NAME **PARKER, CHARLES B**
STREET ADDRESS **14115 NW 150TH AVE**
CITY-ST-ZIP **ALACHUA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

William H. O'Byrne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. O'Byrne

Date

Daytime Phone #

904-462-2508