

5/19/01-90274-040-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000018717

1. Entity Name
C.M. BOGNER & ASSOCIATES, P.A.

FILED

01 DEC -7 AM 11:32

SECRETARY OF STATE
TALLAHASSEE 32310-0160



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 11549 N US HIGHWAY 301 OXFORD FL 34484 | Mailing Address P O BOX 389 OXFORD FL 34484 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 59-3633413 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent BOGNER, CHARON M. 11549 N US HIGHWAY 301 OXFORD FL 34484 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|---|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> <i>N/A</i> | 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. <input type="checkbox"/> \$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 | <i>PRESIDENT CHARON M. BOGNER 11549 NO. US HWY 301 OXFORD, FL 34484</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>500004739855-- -12/26/01--01096--013 ****400.00 ****400.00</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>SECRETARY CHARON M. BOGNER 11549 NO. US HWY 301 OXFORD, FL 34484</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>TREASURER CHARON M. BOGNER 11549 NO. US HWY 301 OXFORD, FL 34484</i> <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: *Charon M. Bogner* President Date: *1/30/01* (352) 320-0089

CR2E034 (10/00)