

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

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000018717**

1. Entity Name

C.M. BOGNER & ASSOCIATES, P.A.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3633413

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

**BOGNER, CHARON M.
11549 N US HIGHWAY 301
OXFORD FL 34484**

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) **N/A** ☐**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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CHARON M. BOGNER	
STREET ADDRESS	11549 N US HWY 301	
CITY-ST-ZIP	OXFORD, FL 34484	

TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	CHARON M. BOGNER	
STREET ADDRESS	11549 N US HWY 301	
CITY-ST-ZIP	OXFORD, FL 34484	

TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	CHARON M. BOGNER	
STREET ADDRESS	11549 N US HWY 301	
CITY-ST-ZIP	OXFORD, FL 34484	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500004739855	
STREET ADDRESS	-12/26/01--01096--013	
CITY-ST-ZIP	****400.00 ****400.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charon M. Bogner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

4/30/01

Daytime Phone #

(352) 320-0087

FILED

01 DEC -7 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

CR2E034 (06/00)