

# 2001 UNIFORM BUSINESS REPORT

DOCUMENT # P00000044 146

Entity Name

DEBRA E. POPE P.A.

**FILED**  
Jul 19, 2001 8:00 am  
Secretary of State

05-24-2001 90001 006 \*\*\*150.00

Principal Place of Business

5985 BERMUDA LN  
Naples, FL 34119

Mailing Address

5985 BERMUDA LN  
Naples, FL 34119

Principal Place of Business

3. Mailing Address

Site, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593642673

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

Name

DEBRA E. POPE

Street Address (P.O. Box Number is Not Acceptable)

5985 BERMUDA LN

City

Naples

FL

Zip Code

34119

I, 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

Debra E. Pope

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

a corporation is eligible to satisfy its intangible  
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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| OFFICERS AND DIRECTORS  |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |  |
|---|---|---|--|
| <p>PSID</p> <p>DEBRA E. POPE PA</p> <p>5985 BERMUDA LN</p> <p>Naples, FL 34119</p> <p><input type="checkbox"/> Delete</p> | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p>  | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p>  | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p>  | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p>  | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p>  | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> Addition</p> |  |

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 stated 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 a 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

Daytime Phone #

CR2E034 (10/00)

Attachment  
Doc# P00000044146  
7/6/01



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 5, 2001

DEBRA E. POPE, P.A.  
5985 BERMUDA LANE  
NAPLES, FL 34119

Subject: **DEBRA E. POPE, P.A.**

Reference Number: **P00000044146**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

7/10/01 - Just got back and my mail was received  
today - 7/9/01 -  
/SG

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Attachment Doc# P0000044146

copy

Form **941**  
(Rev. January 2000)  
Department of the Treasury  
Internal Revenue Service

# Employer's Quarterly Federal Tax Return

See separate instructions for information on completing this return.

Please type or print.

Enter state code  
for state in which  
deposits were made  
ONLY if different  
from state in  
address  
to the right  
(see page 2 of  
instructions).

Name (as distinguished from trade name)

DEBRA POPE, P.A.

Trade name, if any

Address (number and street)

5985 BERMUDA LANE

Date quarter ended

SEPT2000

Employer identification number

59-3642673

City, state, and ZIP code

NAPLES, FL, 34119

OMB No. 1545-0029

T

FF

FD

FP

I

T

If address is  
different from  
prior return,  
check here

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4  | 4  | 4  | 5  | 5  | 5  |
| 6 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 10 | 10 | 10 | 10 | 10 | 10 |

If you do not have to file returns in the future, check here

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and enter date final wages paid

If you are a seasonal employer, see Seasonal Employers on page 1 of the instructions and check here

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|    |   |    |                           |
|----|---|----|---------------------------|
| 1  | Number of employees in the pay period that includes March 12th  | 1  | 0                         |
| 2  | Total wages and tips, plus other compensation   | 2  | 7,200.00                  |
| 3  | Total income tax withheld from wages, tips, and sick pay  | 3  | 2,075.40                  |
| 4  | Adjustment of withheld income tax for preceding quarters of calendar year   | 4  |                           |
| 5  | Adjusted total of income tax withheld (line 3 as adjusted by line 4-see instructions)   | 5  | 2,075.40                  |
| 6  | Taxable social security wages   | 6a | 7,200.00 x 12.4% (.124) = |
|    | Taxable social security tips  | 6c | x 12.4% (.124) =          |
| 7  | Taxable Medicare wages and tips   | 7a | 7,200.00 x 2.9% (.029) =  |
|    |   | 7b | 208.80                    |
| 8  | Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax | 8  | 1,101.60                  |
| 9  | Adjustment of social security and Medicare taxes (see instructions for required explanation)  | 9  | 0.00                      |
| 10 | Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9 - see instructions)  | 10 | 1,101.60                  |
| 11 | TOTAL TAXES (add lines 5 and 10)  | 11 | 3,177.00                  |
| 12 | Advance earned income credit (EIC) payments made to employees   | 12 |                           |
| 13 | Net taxes (subtract line 12 from line 11). If \$1,000 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))   | 13 | 3,177.00                  |
| 14 | Total deposits for quarter, including overpayment applied from a prior quarter  | 14 | 3,177.00                  |
| 15 | BALANCE DUE (subtract line 14 from line 13). See instructions   | 15 | 0.00                      |
| 16 | OVERPAYMENT. If line 14 is more than line 13, enter excess here.  |    | \$ 0.00                   |

and check if to be:

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Applied to next return

OR

☐

Refunded.

\* ALL FILERS: If line 13 is less than \$1,000, you need not complete line 17 or Schedule B (Form 941).

\* SEMI-WEEKLY SCHEDULE DEPOSITORS: Complete Schedule B (Form 941) and check here

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\* MONTHLY SCHEDULE DEPOSITORS: Complete line 17, columns (a) through (d), and check here

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| 17 Monthly Summary of Federal Tax Liability. |                            |                           |                                 | Do not complete if you were a semiweekly schedule depositor. |
|--|----------------------------|---------------------------|---------------------------------|--|
| (a) First month liability                    | (b) Second month liability | (c) Third month liability | (d) Total liability for quarter |  |
| 1,059.00                                     | 1,059.00                   | 1,059.00                  | 3,177.00                        |  |

Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature

*Debra E. Pope*

Print Your

Name and Title

DEBRA E POPE, PRESIDENT Date 10/30/2000