

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 30, 2001 8:00 am
Secretary of State

05-03-2001 90036 039 ***150.00

DOCUMENT # P00000064130

1. Entity Name

CAIRN & ASSOCIATES, INC.

Principal Place of Business

200 OCALA RD.
 BELLEAIR FL 33765

Mailing Address

200 OCALA RD.
 BELLEAIR FL 33765

2. Principal Place of Business

3. Mailing Address

PO BOX 262

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON FL

4. FEI Number

59-3655942-100317

Applied For

Not Applicable

Zip

Country

Zip

Country

34206

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

KIRK, HARRIETTE
 200 OCALA RD.
 BELLEAIR FL 33765

Name

HARRIETTE KIRK

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

PO BOX 262 3901 Bayshore Blvd

33611

City

BRADENTON FL

FL

Zip Code

34206

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

HARRIETTE KIRK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-15-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, DAVID	
STREET ADDRESS	200 OCALA RD. PO BOX 262	
CITY-ST-ZIP	BELLEAIR FL 33765 BRADENTON FL 34206	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, HARRIETTE	
STREET ADDRESS	200 OCALA RD. PO BOX 262	
CITY-ST-ZIP	BELLEAIR FL 33765 BRADENTON FL 34206	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

DAVID KIRK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)