2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000075518 1. Entity Name JEFFREY BOE ELLIS. P.A. OI AUG 20 PM 1: 34 Principal Place of Business SECRETARY OF STATE Mailing Address 6312 JACQUELINE ARBOR DR 6312 JACQUELINE ARBOR DR **TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02/03/01\_90037\_045 \$15000 City & State City & State Not Applicable Zip Country Zip Country 88.75 Additional ertificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHAFFER, JAMES R ESQ Street Address (P.O. Box Number is Not Acceptable) RAHALL SCHAFFER, P.A. 215 W VERNE ST, STE D TAMPA FL 33606 City Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME **BOE ELLIS, JEFFREY** NAME STREET ADDRESS 6312 JACQUELINE ARBOR DR STREET ADDRESS CITY-ST-ZIP **TEMPLE TERRACE FL 33617** CITY-ST-ZIP TITLE ☐ Delete ☐ Change n TITLE ☐ Addition NAME ELLIS, CONNIE L NAME STREET ADDRESS STREET ADDRESS 6312 JACQUELINE ARBOR DR CITY-ST-ZIP CITY-ST-7/P TEMPLE TERRACE FL 33617 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 embowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 i eport 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

Date

500

August 11, 2001

Memo: State of Florida Renewals

From: Jeffrey Boe Ellis

Jeffrey Boe Ellis, PA

Re:

Renewal

To whom it may concern,

Please be advised that my check for filing of my annual report cleared my bank on February 7, 2001.

Just today, I found out that your department had rejected my report for failure to include my FEI number.

I further learned that a notice went out to that effect.

I never received such notice and became aware of this problem only after I received my late filing Second Notice.

In light of these facts, please accept the report enclosed without penalty.

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JBE:obs