

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90255 015 ***155.00

DOCUMENT # P00000097818

1. Entity Name
IDA RUTH STIGALL, PA

Principal Place of Business

1412 N. FIRST ST., UNIT 105
JACKSONVILLE FL 32250

Mailing Address

1412 N. FIRST ST., UNIT 105
JACKSONVILLE FL 32250

2. Principal Place of Business

1412 N 1st St.
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.
← SAME

City & State

JACKSONVILLE BEACH, FL

City & State

FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

32250

DUVAL

Zip

Country

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

STIGALL, IDA RUTH
1412 N. FIRST ST., UNIT 105
JACKSONVILLE FL 32250

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)

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 Delete
D
 NAME **STIGALL, IDA RUTH**
 STREET ADDRESS **1412 N. FIRST ST., UNIT ~~105~~ 204**
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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: *Ida Ruth Stigall*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 MAY 2001 (904) 246-5376
 Date Daytime Phone #

CR2E034 (10/00)

Attachment
DTF P9000097818
A0008630

TO WHOM IT MAY CONCERN:

THIS DOCUMENT WAS NOT RECEIVED
BY ME UNTIL MAY 10, 2001 - I HAD MOVED
AND APPARENTLY IT WAS MISDIRECTED.
MY NEW ADDRESS IS ON THE FORM.
THANK YOU FOR YOUR CONSIDERATION
IN THIS MATTER.

SINCERELY

IDA RUTH STIGALL