

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008638

1. Entity Name

NOLAN S. WINN, P.A.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90112 031 ***150.00

Principal Place of Business 4161 CARMICHAEL AVE. #137 JACKSONVILLE FL 32207 US	Mailing Address 4161 CARMICHAEL AVE. #137 JACKSONVILLE FL 32207-2304 US
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2. Principal Place of Business Suite, Apt. #, etc. 1611 Mayfair Rd #103 City & State Jacksonville Fl Zip 32207 Country USA	3. Mailing Address Suite, Apt. #, etc. 1611 Mayfair Rd #103 City & State Jacksonville Fl Zip 32207 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3222246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WINN, NOLAN S 4161 CARMICHAEL AVE. #137 JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* *NOLAN S. WINN* *1/11/00*
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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D WINN, NOLAN S 2009 CHALLEUX DR W JACKSONVILLE FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *NOLAN S. WINN* *1/11/00* *904 398 5522*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)