

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90218 010 \*\*\*150.00

**DOCUMENT # P94000020170**

1. Entity Name  
**DAVID DOUGHERTY, P.A., CPA**

Principal Place of Business 1750 S. VOLUSIA AVE. #5 ORANGE CITY FL 32763	Mailing Address 1750 S. VOLUSIA AVE. #5 ORANGE CITY FL 32713-2443
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>10 Dogwood Trail</i>	3. Mailing Address <i>10 Dogwood Trail</i>
Suite, Apt. #, etc. <i>Suite 0</i>	Suite, Apt. #, etc. <i>Suite 0</i>

City & State <i>DeBary, FL</i>	City & State <i>DeBary, FL</i>	4. FEI Number <i>59-3227508</i> <i>59-3332850</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32713</i>	Country	Zip <i>32713</i>	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**

**DOUGHERTY, DAVID**  
**403 QUIET MEADOW LN**  
**DEBARY FL 32713**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 *David Dougherty* DATE *5/1/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P DOUGHERTY, DAVID</b> 403 QUIET MEADOW LANE DEBARY FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: *David Dougherty* **REQUIRED** DATE: *5/1/00* DAYTIME PHONE #: *407-668-3328*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)