FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022010

1. Corporation Name

UHRIG & ASSOCIATES, INC.

Principal Place of E	Business	Mailing Address
C/O JUPITER LAW (6390 INDIANTOWN F JUPITER FL 33458	center. Chasewood Plaza Rd Suite 30	C/O JUPITER LAW CENTER. CHASEWOOD PLAZA 6390 INDIANTOWN RD SUITE 30 JUPITER FL 33458
2. Principal Place	of Business	2a. Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90206 044 ***158.75



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualified 03/18/1994	
2 Principal F	Place of Business	2a.	, Mailing Address				4. FEI Number Applied For	
21	Tada or addition	26	,				65-0507875 Not Applicable	
Suite, Apt	. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired X \$8.75 Additional Fee Required	
City & Sta	nte	- 27	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	,				Trust Fund Contribution Added to Fees	
Zip	Country	1-0,	Z ip	Counti	y		8. This corporation owes the current year Intangible	
24	25	29	3	0			Personal Property Tax.	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	
GUMSON, RICHARD P					1 2	Name Street Add	dress (P.O. Box Number is Not Acceptable)	
	JUPITER LAW CENTER, CHASEV	VUUU	PLAZA		\perp			
6390 INDIANTOWN RD., SUITE 30 JUPITER FL 33458			8	3				
			8	4	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE					_			
	Signature, typed or printed name of registered agen				ent	signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AN	D DIRE	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		□ Netere	1			Countries Character	
NAME	UHRIG, JAMES A			1,2 NAME				
STREET ADORESS	1 0000					ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		☐ DELETE	1.4 CITY- 2.1 TITLE	_	-ZIP	Change Addition	
TITLE			□ netrie					
NAME				2.2 NAME				
STREET ADDRESS	S		÷ -			ADDRESS	• •	
C/TY-ST-ZiP			DELETE	2. 4 CITY		- ZIP	☐ Change ☐ Addition	
TITLE			☐ DEFE 1€	3.1 TITLE			Charge Addition	
NAME				3.2 NAME				
STREET ADDRESS	S					ADORESS		
CITY-ST-ZIP	·		□ DELETE	3.4. CITY		-ZIP	☐ Change ☐ Addition	
MLE			☐ DELETE	4.1 TITLE		Ì	Countries	
NAME				4, 2 NAM				
STREET ADDRESS	s					ADDRESS		
CITY-ST-ZIP				4.4 CITY-		ZIP	Chann Addition	
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME .				5.2 NAME				
STREET ADDRESS	s			• • • • • • • • • • • • • • • • • • • •		ADDRESS		
CITY-ST-ZIP				54 CITY-		·ZIP		
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME				6.2 NAME				
STREET ADDRESS	s			6.3 STRE	ĘΤ	ADDRESS		
CITY-ST-ZIP				6.4 CITY-	ST-	-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

