

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023571

1. Entity Name

JOANNE CHARD, P.A., C.P.A.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90085 001 ***150.00

Principal Place of Business	Mailing Address
2069 FIRST STREET SUITE 301 FT. MYERS FL 33901	2069 FIRST STREET SUITE 301 FT. MYERS FL 33901-3052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0568594	Applied For
		Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CHARD, JOANNE C 5713 SANDPIPER PLACE FT. MYERS FL 33919	

7. Name and Address of New Registered Agent	
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 _____ (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, 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	D	TITLE	
NAME	CHARD, JOANNE	NAME	
STREET ADDRESS	5713 SANDPIPER PLACE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00 9413371979

Date Daytime Phone #