

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90080 010 \*\*\*150.00

**DOCUMENT # P95000037175**

1. Entity Name

**BULLOCK & ASSOCIATES, INC.**

Principal Place of Business

**800 SEAGATE DR., STE. 302  
 NAPLES FL 34103  
 US**

Mailing Address

**800 SEAGATE DR., STE. 302  
 NAPLES FL 34103-2809  
 US**

**C0045191**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0583075**

Applied For

Not Applicable

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

**CHEFFY, JANE Y ATTY.  
 2375 TAMiami TRAIL NORTH  
 SUITE 207  
 NAPLES FL 33940**

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, 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 \_\_\_\_\_  Delete  
 NAME **DPST BULLOCK, JOHN M**  
 STREET ADDRESS **800 SEAGATE DR., STE. 302**  
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE \_\_\_\_\_  Change  Addition  
 NAME **JEFFREY Scott BULLOCK**  
 STREET ADDRESS **800 SEAGATE DR., STE 302**  
 CITY-ST-ZIP **NAPLES, FL 34103-2809**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John M. Bullock*

*3/27/00*

Date

*94-434-5252*

Daytime Phone #

CR29F024 (9/00)