

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056001

1. Entity Name

DAVID J. AUDLIN, JR., ATTORNEY AT LAW, P.A.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90006 012 \*\*\*150.00

0118888

Principal Place of Business  
524 EATON STREET, SUITE 110. #113-114  
KEY WEST FL

Mailing Address  
524 EATON STREET, SUITE 110. #113-114  
KEY WEST FL

2. Principal Place of Business  
415 EATON ST.

3. Mailing Address  
415 EATON ST.



DO NOT WRITE IN THIS SPACE

City & State  
KEY WEST, FL

City & State  
KEY WEST, FL

4. FEI Number 59-3373995

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AUDLIN, DAVID JR.  
524 EATON STREET, SUITE 110, #113-114  
KEY WEST FL 33040

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
415 EATON ST.  
City KEY WEST FL Zip Code 33040

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, 2001 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 AUDLIN, DAVID J. J 906 17TH STREET KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 4-24-01 (305) 294-3002

DATE: 4-24-01 DAYTIME PHONE: (305) 294-3002

CR2E034 (10/00)