

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90012 041 ***150.00

DOCUMENT # P95000076057

1. Entity Name

NANCY K. REYNOLDS & ASSOCIATES CPAS, P.A.

Principal Place of Business

**4501 9TH ST. N
 STE 212
 NAPLES FL 33940**

Mailing Address

**4501 9TH ST. N
 STE 212
 NAPLES FL 33940**

2. Principal Place of Business

8955 FONTANA DEL SOL WAY
 Suite, Apt. #, etc.

3. Mailing Address

← SAME
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES

City & State

NAPLES

4. FEI Number

65-0612757

Applied For

Not Applicable

Zip
34109

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, NANCY K
 4501 N. 9TH STREET #212
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8955 FONTANA DEL SOL WAY

City

NAPLES

FL

Zip Code

34109

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, 2002 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

TITLE **D** ☐ Delete
 NAME **REYNOLDS, NANCY K**
 STREET ADDRESS **4501 9TH ST. N**
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8955 FONTANA DEL SOL WAY**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Nancy K. Reynolds
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/02

Date

593-6006

Daytime Phone #

CR2E034 (9/01)