

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90104 017 ***150.00

DOCUMENT # P96000000799

1. Entity Name
SCOTT A. CLEARY, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4161 CARMICHAEL AVE SUITE 137 JACKSONVILLE FL 32207 US	Mailing Address 4161 CARMICHAEL AVE SUITE 137 JACKSONVILLE FL 32207-2349 US
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2. Principal Place of Business <i>4161 Carmichael Av</i>	3. Mailing Address <i>4161 Carmichael Av</i>
Suite, Apt. #, etc. <i>Ste 161</i>	Suite, Apt. #, etc. <i>Ste 161</i>

City & State <i>Jacksonville, FL</i>	City & State <i>Jacksonville, FL</i>	4. FEI Number 59-3350182	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32207</i>	Country <i>US</i>	Zip <i>32207</i>	Country <i>US</i>

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

6. Name and Address of Current Registered Agent
CLEARY, SCOTT A
4161 CARMICHAEL AVE #18T 161
JACKSONVILLE FL 32207

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 if 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CLEARY, SCOTT A 4161 CARMICHAEL AVE #137 JACKSONVILLE FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Cleary, Scott A 4161 Carmichael Av #161 Jacksonville, FL 32207	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Scott A Cleary **Scott A Cleary** Date 1/10/00 Daytime Phone # 904-398-8991

CR2E034 (9/99)