

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.

Principal Place of Business

Mailing Address

4161 CARMICHAEL AVE
SUITE 137
JACKSONVILLE FL 32207
US

4161 CARMICHAEL AVE
SUITE 137
JACKSONVILLE FL 32207-2349
US

2. Principal Place of Business

3. Mailing Address

4161 Carmichael Av
Suite, Apt. #, etc.
Ste 161

4161 Carmichael Av
Suite, Apt. #, etc.
Ste 161

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32207

Country
US

Zip
32207

Country
US

4. FEI Number 59-3350182

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

CLEARY, SCOTT A
4161 CARMICHAEL AVE #161
JACKSONVILLE FL 32207

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 agent

(NOTE: Registered Agent signature required with 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
CLEARY, SCOTT A
4161 CARMICHAEL AVE #137
JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
Cleary, Scott A
4161 Carmichael Av #161
Jacksonville, FL 32207

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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

Scott A Cleary

Date

1/10/00

Daytime Phone #

904-398-8991

CR2E034 (9/99)