2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90204 034 ***158.75

DOCUMENT # P96000008211

1. Entity Name
BRUCE R. NAYLOR, P.A.

Principal Place of Business	Mailing Address
314 JUNIPER ISLAND DR. DEFUNIAK SPRINGS FL 32433	314 JUNIPER ISLAND DR. DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
694 BALDWIN AVE.		694 BALDWIN AVE	
Suite, Apt. #, etc. SUITE #2		Suite, Apt. #, etc. SUITE #2	
City & State DEFUNIAK SPRINGS, FL.		City & State DEFUNIAK SPRINGS, FL	
Zip 32435	Country USA	Zip 32435	Country USA

4. FEI Number 59-3363126 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAYLOR, BRUCE R
~~314 JUNIPER ISLAND DR.~~ 694 BALDWIN AVE. SUITE #2
DEFUNIAK SPRINGS FL ~~32433~~ 32435

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 ______________________
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAYLOR, BRUCE R ~~314 JUNIPER ISLAND DR.~~ 694 BALDWIN AVE. SUITE #2 DEFUNIAK SPRINGS FL ~~32433~~ 32435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: BRUCE R. NAYLOR 1-24-02 (850) 892-9654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

058151 AT