

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009524

1. Entity Name
NANCY AHERN, P.A.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90216 017 ***150.00

Principal Place of Business

210 N. UNIVERSITY DR.
#502
CORAL SPRINGS FL 33071

Mailing Address

210 N. UNIVERSITY DR.
#502
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 N. UNIVERSITY DR

Suite, Apt. #, etc.

STE E

City & State

CORAL SPRINGS, FL

Zip

33065

Country

3. Mailing Address

3000 N. UNIVERSITY DR

Suite, Apt. #, etc.

STE E

City & State

CORAL SPRINGS, FL

Zip

33065

Country

4. FEI Number 65-0641495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AHERN, NANCY
210 N. UNIVERSITY DR.
#502
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

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

3000 N. UNIVERSITY DR

STE E

City

CORAL SPRINGS

FL

Zip Code

33065

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

Nancy Ahern

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

TITLE **D** ☐ Delete
NAME **AHERN, NANCY**
STREET ADDRESS **210 N. UNIVERSITY DR. #502**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3000 N. UNIVERSITY DR STE E**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 Ahern

NANCY AHERN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 954 346-7288

Date

Daytime Phone #

CR2E034 (10/00)