## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000013045

1. Entity Name

AUGSPURGER & ASSOCIATES, P.A.

Principal Place of Business Mailing Address 7301 W PALMETTO PARK RD 7301 W PALMETTO PARK RD STE 101 A STE 101 A BOCA RATON FL 33433-3455 **BOCA RATON FL 33433-3455** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0641557 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUGSPURGER, JENNIFER L Street Address (P.O. Box Number is Not Acceptable) 7301 W. PALMETTO PARK RD **STE 101A BOCA RATON FL 33433-3455** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME NAME AUGSPURGER, JENNIFER L STREET ADDRESS STREET ADDRESS 7301 W PALMETTO PARK RD STE 101A CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433-3455** Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-ZIP Change ☐ Delete TITLE Addition THTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS

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 his 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

SIGNATURE AND TYPED

CITY-ST-ZIP

CITY-ST-7IP

NAME STREET ADDRESS

- Jennifen Avospurger,

561

Change

Addition

FILED Feb 28, 2001 8:00 am

**Secretary of State** 

02-28-2001 90059 015 \*\*\*150.00

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