

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90058 010 ***150.00

706341



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000013890

1. Entity Name

A.J. JIM-SPALLA, P.A.

Principal Place of Business

Mailing Address

537 EAST PARK AVENUE
 TALLAHASSEE FL 32301

537 EAST PARK AVENUE
 TALLAHASSEE FL 32302-1833

2. Principal Place of Business

3. Mailing Address

225 South Adams St.

P.O. Box 1833

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Country

Zip

Country

32301

USA

32302-1833

USA

4. FEI Number

59-3372574

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

SPALLA, A.J. JIM
 225 S ADAMS ST
 SUITE 200
 TALLAHASSEE FL 32301

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, 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 P Delete
 NAME SPALLA, A J J
 STREET ADDRESS 2310 TRESSCOTT DR
 CITY-ST-ZIP TALLAHASSEE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 (850) 224-4361
 Date Daytime Phone #

C- (034 (9/99)