

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90052 029 ***150.00

DOCUMENT # P96000027546

1. Entity Name
SUSAN M. CONE, EA, PA

Principal Place of Business
**1250 TAMiami TR N. STE 302
NAPLES FL 34102
US**

Mailing Address
**1250 TAMiami TR N. STE 302
NAPLES FL 34102
US**



2. Principal Place of Business

3. Mailing Address

2460 14th St. No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Naples FL

4. FEI Number **65-0655222**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

34103

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

**CONE, SUSAN M.
1250 TAMiami TR N. STE 302
NAPLES FL 34102**

Name

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

2460 14th St. No.

City

Naples

FL

Zip Code

34103

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 *Susan M. Cone*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/02

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 **D** ☐ Delete
NAME **CONE, SUSAN M.**
STREET ADDRESS **1250 TAMiami TR N. STE 302**
CITY-ST-ZIP **NAPLES FL 34102**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2460 14th St. No.**
CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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☐ Change ☐ Addition
TITLE
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:

Susan M. Cone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02

Date

(941) 262-0047

Daytime Phone #

CR2E034 (9/01)