

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044584

1. Entity Name

BARBARA A. TIPTON, P.A.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90556 014 ***150.00

0272834

Principal Place of Business

Mailing Address

~~5400 DAVIE ROAD APT 105~~
~~DAVIE FL 33314~~

~~5400 DAVIE ROAD APT 105~~
~~DAVIE FL 33314~~

626837

2. Principal Place of Business

3. Mailing Address

9251 ARBORWOOD CIR
Suite, Apt. #, etc.

9251 ARBORWOOD CIR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0671562

Applied For

Not Applicable

Zip

Country

33328-6774

BROWARD

Zip

Country

33328-6774

BROWARD

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

TIPTON, BARBARA A
~~5400 DAVIE ROAD APT 105~~
~~DAVIE FL 33314~~

Name

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

9251 ARBORWOOD CIR

City

DAVIE FL

FL

Zip Code

33328-6774

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	TIPTON, BARBARA A	
STREET ADDRESS	5400 DAVIE RD APT 105	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9251 ARBORWOOD CIR.	
CITY-ST-ZIP	DAVIE, FL 33328-6774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

Barbara A. Tipton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

Date

Daytime Phone #

424-2539

CR2E034 (10/00)