

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90039 011 ***150.00

DOCUMENT # P96000049632
 1. Entity Name
JOSEPH E. TOWNSEND, P.A.

Principal Place of Business
430 N TAMiami TRAIL
NAPLES FL 34103
US

Mailing Address
~~162 BURNING TREE DR~~ **4815 10th Ave SW**
NAPLES FL 34106
US

2. Principal Place of Business
4130 N. TAMiami TR

3. Mailing Address
4815 10th AVE SW

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number **65-0655035**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **34103** Country **USA** Zip **34116** Country **USA**

6. Name and Address of Current Registered Agent
TOWNSEND, JOSEPH E
~~162 BURNING TREE DR~~ **4815 10th ave SW**
NAPLES FL 34106
34116

7. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
4815 10th AVE SW
 City **NAPLES** FL Zip Code **34146**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | P | <input type="checkbox"/> Delete |
| NAME | TOWNSEND, JOSEPH E | |
| STREET ADDRESS | 162 BURNING TREE DR 4815 10th ave SW | |
| CITY-ST-ZIP | NAPLES FL 34106 | 34116 |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
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| 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: _____ DATE: **1/15/01** DAYTIME PHONE #: **941-659-4235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)