2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000070409**

Entity Name

BARBARA L. KELNER, P.A.

Principal Place of Business

Mailing Address

P.O. BOX 3451

P.O. BOX 3451

HOMESASSA SPRINGS FL 34447

HOMESASSA SPRINGS FL 34447

FILED Feb 13, 2001 8:00 am Secretary of State

02-13-2001 90025 036 ***150.00

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2. Principal f	lace of Busir	ness	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	PACE		
City & State			City & State			4. F	FEI Number 59-3398903			pplied For lot Applicable	
Zip		Country	Zip	Count	гу	5. (Certificate of Status Desired		8.75 Ad	lditional	
	6. Name	and Address of Current Re	egistered Agent			7. N	lame and Address of New Reg	sistered A	gent		
The second of th					Name		•				
	NER, BARB		, , , , , , , , , , , , , , , , , , ,	Street Address			(D.O. Day Mymhae in Mat Annahabba)				
57 JAMAICA ST					Street Address (P.O. Box Number is Not Acceptable)						
HOM	iasassa f	L 34446									
				City				FL	Zip Cod	ie	
8. The above	named entity	v submits this statement for t	ne purpose of changing its	registere	d office or realister	red age	ent, or both, in the State of Flori	da	1		
		,	(*			ou ug	ora, or boar, in the state of their				
SIGNATURE											
SIGNATURE.	Signature, typed	or printed name of registered agent and	title il applicable. (NOTE	: Registered	Agent signature required	i when re	instating)	DATE			
A 71-7			FILE MOM		0.0450.00						
	ble to satisfy its Intangible		FILE NOW!!! FEE IS \$150.00 ter MAY 1, 2001 Fee will be \$550.00			10. Election Campaign Finar	ncing	\$5.0)0 May Be		
Tax filing requirement and elects to do so. (See criteria on back)					to	Trust Fund Contribution.		Adde	d to Fees		
11,	OFFICERS AND DIRECTORS 12.						DITIONIO (OL VALIGEO TO OFFIO				
-	PS	OFFICERS AND DI		ADI	DITIONS/CHANGES TO OFFIC						
TITLE NAME		BARBARA L	Delete	TITLE				ļ	Change	Addition	
STREET ADDRESS	57 JAMAN			NAME	T ADDRESS						
CITY-ST-ZIP		SSA SPRINGS FL 34446		CITY-S							
	TIOMESAG	SON SENINGS FE 34440			31-211					—	
TITLE NAME			☐ Delete	TITLE					Change	Addition	
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CITY-ST-ZIP	1			CITY-S	I						
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CITY-ST-ZIP				CITY-5	1						
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NAME				NAME				L	onenge		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP					T-ZIP						
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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:

Balara L. Kelner

BARBARA L. KELNER

2/7/01

352628161E

Daytime Phone #

2E034 (10/00)