

2001 UNIFORM BUSINESS REPORT (UBR)

7/31/01-90229-032-\$150.00-\$150.00

Page 1 of 2

DOCUMENT # **PA6000070872**

1. Entity Name

LOUISE R A HUEY, C.P.A., P.A.

Principal Place of Business

Mailing Address

**209 WEST CHURCH STREET
JACKSONVILLE, FLORIDA 32202**

2. Principal Place of Business

209 WEST CHURCH STREET

3. Mailing Address

209 WEST CHURCH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-3402666

Applied For

Not Applicable

Zip

32202

Country

DUVAL

Zip

32202

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LOUISE R A HUEY

**209 WEST CHURCH STREET
JACKSONVILLE, FLORIDA 32202**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D LOUISE R A HUEY
209 WEST CHURCH STREET
JACKSONVILLE, FLORIDA 32202**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/2001 904/355-3655

CR2E034 (11/00)

LOUISE R A HUEY, C.P.A., P.A.
209 WEST CHURCH STREET
JACKSONVILLE, FLORIDA 32202

Telephone No. (904) 355-3635

Fax (904) 354 2234

August 6, 2001

Annual Report Section
Florida Department of Revenue
Division of Corporation
P.O Box 6327
Tallahassee, Florida 32314

Re: P96000070872 filing fees

Dear Sir/Madam:

As a follow up of my telephone call of today's date and per instruction of your office, I am submitting this letter reiterating the cause of delay in forwarding the report.

The following occurrences are to be considered:

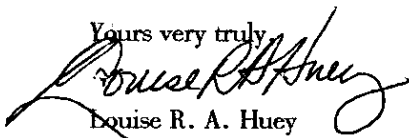
1. My husband was hospitalized earlier in the year for surgery.
2. I had moved my office and did not received the original report.
3. I called your office for a return and was instructed to submit the explanation for the reason for the delay.
4. Then my husband was hit by an SUV, and was again hospitalized with severe injuries and broken bones.

I apologize for the filing tardiness, and not sending the explanation at the time the report was mailed in, but I had totally forgotten to do so until after it was mailed. My forgetfulness was not deliberate but as a result of the above stated occurrences.

Based on the above, I am humbly requesting that I be considered for some relief of the filing penalty.

Thanks in anticipation of your kind consideration.

Yours very truly


Louise R. A. Huey