2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91577 011 ***150.00

DOCUMENT # P97000016244

1. Entity Name
NANCY J. STUMPF, PA

Principal Place of Business	Mailing Address
12635 CHICAGO AVE. HUDSON FL 34669	12635 CHICAGO AVE. HUDSON FL 34669

2. Principal Place of Business	3. Mailing Address
15535 Allmand Drive	6105 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hudson, FL	City & State: New Port Richey, FL
Zip: 34667 / Country:	Zip: 34653 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3436728 — Applied For / Not Applicable

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
DORSEY, DAVID A CPA 5618 GRAND BLVD. NEW PORT RICHEY FL 34652	Name: Street Address (P.O. Box Number is Not Acceptable): 6105 Main Street City: FL Zip Code: 34653

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: STUMPF, NANCY J STREET ADDRESS: 12635 CHICAGO AVE. CITY-ST-ZIP: HUDSON FL 34669	☐ Delete	TITLE NAME STREET ADDRESS: 15535 Allmand Drive CITY-ST-ZIP: Hudson, FL 34667	☒ Change ☐ Addition
TITLE: TS NAME: STUMPF, ROBERT A STREET ADDRESS: 12635 CHICAGO AVE. CITY-ST-ZIP: HUDSON FL 34669	☐ Delete	TITLE NAME STREET ADDRESS: 15535 Allmand Drive CITY-ST-ZIP: Hudson, FL 34667	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Nancy Stumpf — 5-1-01 — (727) 861-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)