

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90026 045 \*\*\*150.00

NSHAAAN AV

DOCUMENT # P97000038380
1. Entity Name
BARBARA BRYANT RUMPF, P.A.

Principal Place of Business
POST OFFICE BOX 8130
LONGBOAT KEY FL 34228
Mailing Address
POST OFFICE BOX 8130
LONGBOAT KEY FL 34228



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

City & State
Zip
Country
4. FEI Number 65-0753077
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RUMPF, BARBARA B
201 GULF OF MEXICO DRIVE #1
LONGBOAT KEY FL 34228
1904 Harbourside Dr., #204

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: Barbara B. Rumpf
Signature, typed or printed name of registered agent and title if applicable.
1/7/02 DATE
(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) [X]

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

Table with 11 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 12 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, Name, Street Address, City-ST-ZIP, Change checkbox, and Addition checkbox.

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...

SIGNATURE: [Signature]
Date: 1/7/02
Daytime Phone #: (941) 383-3583

CR2E034 (9/01)