2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90803 016 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000041924

1. Entity Name

DUBOIS & CRUICKSHANK, P.A.

Principal Place of Business	Mailing Address
820 E PARK AVE F200 TALLAHASSEE FL 32301 US	P O DRAWER 1509 TALLAHASSEE FL 32302-1509 US

2. Principal Place of Business	3. Mailing Address
2060 Delta Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State:
Zip: 32303-4226 / Country: Leon	Zip: / Country:

4. FEI Number 59-3442556 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUBOIS, CHRISTOPHER J
820 E PARK AVE
STE F200
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Christopher J DuBois
Street Address (P.O. Box Number is Not Acceptable): 2060 Delta Way
City: Tallahassee FL Zip Code: 32303-4226

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: Christopher J DuBois, Director 4-27-00
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, 2000 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUBOIS, CHRISTOPHER J	NAME	
STREET ADDRESS	913 HILLCREST CT	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CRUICKSHANK, MARY E	NAME	
STREET ADDRESS	179 WHETHERBINE WAY WEST	STREET ADDRESS	1465 Spruce Ave
CITY-ST-ZIP	TALLAHASSEE FL 32301	CITY-ST-ZIP	Tallahassee FL 32303
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Christopher J DuBois 4-27-00 (850)523-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #