

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063611

1. Entity Name

SINCLAIR & ASSOCIATES, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90118 010 ***150.00

Principal Place of Business

Mailing Address

~~1250 PRESIDENTIAL CT~~

~~6250 PRESIDENTIAL CT.~~

~~SUITE 200~~

~~SUITE 200~~

~~FORT MYERS FL 33919~~

~~FORT MYERS FL 33919-3526~~

~~US~~

40820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1755-23 Red Cedar Drive

3. Mailing Address

Same as
Place of
business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers FL

Zip

Country

Zip

Country

4. FEI Number

65-0769012

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

SINCLAIR, J. DANIEL

8301-1 GRAND PALM DR

FT MYERS FL 33912

Name

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

1755-23 Red Cedar Drive

City Fort Myers

FL

Zip Code 33907

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, 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 | DPTS | <input type="checkbox"/> Delete |
| NAME | SINCLAIR, J. DANIEL | |
| STREET ADDRESS | 8301-1 GRAND PALM DR | |
| CITY-ST-ZIP | FT MYERS FL 33912 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1755-23 Red Cedar Drive | |
| STREET ADDRESS | Fort Myers FL 33907 | |
| CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)