

2000 UNIFORM BUSINESS REPORT (UBR)

9/13/00-90056-034-\$558.75-\$558.75

DOCUMENT # P97000070604

1. Entity Name

COURTNEY & ASSOCIATES, INC.

Principal Place of Business

3831 STAPLES AVE.
KEY WEST FL 33040

Mailing Address

P O BOX 2100
KEY WEST FL 33045-2100
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 16 PM 6:01



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2831 STAPLES AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2100

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33040-4040

Country

MDURDE

Zip

33045-2100

Country

MDURDE

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

**COURTNEY, FRANK
2831 STAPLES AVE
KEY WEST FL 33040**

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
COURTNEY, FRANK
2831 STAPLES AVE
KEY WEST FL 33040**

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TITLE
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☐ Change ☐ Addition

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COURTNEY, PATRICIA A
2831 STAPLES AVE
KEY WEST FL 33040**

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CITY-ST-ZIP
☐ 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 all other like empowered.

SIGNATURE:

Frank Courtney

QUIRERANK COURTNEY 9-13-00 305-296-4196

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (5/00)

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)

COURTNEY & ASSOCIATES, INC

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

P.O. BOX 2100

5a Address of business (See instructions.)

2831 STAPLES AVE.

4b City, state, and ZIP code

KEY WEST, FL 33045

5b City, state, and ZIP code

KEY WEST, FL 33040

6 County and state where principal business is located

MONROE COUNTY - FLORIDA

7 Name of principal officer, grantor, or general partner (See instructions.) ▶ **FRANK COURTNEY**

8a Type of entity (Check only one box.) (See instructions.)

☐ Individual SSN

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify)

☐ Other (specify) ▶

☐ Personal service corp.

☐ National guard

☐ Estate

☐ Plan administrator SSN

☒ Other corporation (specify) **INS. AGENCY**

☐ Federal government/military

☐ Church or church controlled organization

If nonprofit organization enter GEN (if applicable)

☐ Trust

☐ Partnership

☐ Farmers' cooperative

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶

Foreign country

State

FLORIDA

9 Reason for applying (Check only one box.)

☒ Started new business

☐ Hired employees

☐ Created a pension plan (specify type) ▶

☐ Banking purpose (specify) ▶

☐ Changed type of organization (specify) ▶

☐ Purchased going business

☐ Created a trust (specify) ▶

☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)

MAY 1, 2000

11 Enter closing month of accounting year. (See instructions.)

SEP 30

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural

Agricultural

Household

0

14 Principal activity (See instructions.) ▶ **INSURANCE AGENCY**

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes

☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)

☒ Other (specify) ▶ **BUSINESS & PUBLIC**

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business?

☒ Yes

☐ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ **FRANK COURTNEY**

Trade name ▶ **F. COURTNEY & COMPANY**

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)

7-1-83

City and state where filed

KEY WEST, FLORIDA

Previous EIN

591222337

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Telephone number (include area code)

305-296-9696

Name and title (Please type or print clearly.) ▶ **FRANK COURTNEY**

Signature ▶

Frank Courtney

Date ▶ **10-1-00**

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying