

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100047

1. Entity Name

LAW OFFICES OF NICHOLAS GREFE', P.A.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90051 003 ***150.00

Principal Place of Business

4280 E. TAMiami TR
SUITE 101
NAPLES FL 34112

Mailing Address

5101 TAMiami TRAIL EAST
SUITE 204
NAPLES FL 34113-4130

2. Principal Place of Business

4280 E. Tamiami Trail

3. Mailing Address

4280 E. Tamiami Trail

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34112

Country

USA

Zip

34112

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3020184

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

MULLIGAN, JOSEPH F
5101 TAMiami TRAIL EAST
SUITE 204
NAPLES FL 34113

Name

Mulligan, Joseph F.

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

4280 East Tamiami Trail

City

Naples

FL

Zip Code

34112

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

1/27/00

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	P	<input type="checkbox"/> Delete
NAME	GREFE, NICHOLAS	
STREET ADDRESS	5101 TAMiami TRAIL EAST, STE 204	
CITY-ST-ZIP	NAPLES FL 34115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1/27/00

Date

(941) 732-8486

Daytime Phone #

CR2E034 (9/99)