

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107110

1. Entity Name

AMANDA STANLEY, P.A.

R

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90080 029 ***150.00

Principal Place of Business

1323 S.E. 3RD AVENUE
 FORT LAUDERDALE FL 33316

Mailing Address

1323 S.E. 3RD AVENUE
 FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0804176

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

STANLEY, AMANDA J
 1323 S.E. 3RD AVENUE
 FORT LAUDERDALE FL 33316

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
 PVST
 STANLEY, AMANDA J
 1323 S.E. 3RD AVENUE
 FORT LAUDERDALE FL 33316 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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:

Amanda J Stanley, Pres 7/31/00 954-764-0005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

attachment

P97000107110

DOB 6522

Amanda Stanley, P. A.
ATTORNEY AT LAW

1323 Southeast Third Avenue
Fort Lauderdale, Florida 33316

Telephone 954-764-0005
Facsimile 954-764-1478

July 31, 2000

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Amanda Stanley, P.A.
Document # P97000107110

Dear Sir or Madam:

Please allow this letter to confirm that this office never received the First Notice regarding the 2000 Uniform Business Report.

Enclosed please find the original, executed 2000 Uniform Business Report and a check made payable to the Department of State in the amount of \$150.00.

Thank you for your courtesies in this matter.

Very truly yours,

Amanda Stanley
Amanda Stanley

Enclosures