

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000020319**1. Entity Name
COLLEEN MCCANN KETTLES, ATTORNEY AT LAW, P.A.

Principal Place of Business 145 WEKIVA SPRINGS RD., SUITE 149B LONGWOOD FL 32779	Mailing Address 145 WEKIVA SPRINGS RD., SUITE 149B LONGWOOD FL 32779
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2. Principal Place of Business 145 WEKIVA SPRINGS RD., SUITE 187	3. Mailing Address 145 WEKIVA SPRINGS RD., SUITE 187
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LONGWOOD FL	City & State LONGWOOD FL
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Zip 32779	Country	Zip 32779	Country
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4. FEI Number 59-3497149	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKETTLES COLLEEN M
145 WEKIVA SPRINGS RD., SUITE 149B

LONGWOOD FL 32779**7. Name and Address of New Registered Agent**

Name KETTLES COLLEEN M
Street Address (P.O. Box Number is Not Acceptable) 145 WEKIVA SPRINGS RD., SUITE 187
City LONGWOOD FL Zip Code 32779

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 **COLLEEN KETTLES, PRESIDENT****04/30/2001**

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETTLES COLLEEN M 145 WEKIVA SPRINGS RD., SUITE 149B LONGWOOD FL 32779	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KETTLES COLLEEN M 145 WEKIVA SPRINGS RD., SUITE 187 LONGWOOD FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Colleen Kettles

DP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)