

2001 ANNUAL REPORT (ADR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90007 025 ***150.00

DOCUMENT # P98000027027
1. Entity Name
BONNIE FARRISH P.A.

Principal Place of Business
 2772 NE 30 AVE #8B
 LIGHTHOUSE POINT FL.
 33064

Mailing Address
 2772 NE 30 AVE #8B
 LIGHTHOUSE POINT FL.
 33064

A0073763

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
 65-0830503

Applied For
☐ **Not Applicable**

5. Name and Address of Current Registered Agent
 BONNIE FARRISH
 2772 NE 30 AVE #8B
 LIGHTHOUSE POINT FLA. 33064

7. Name and Address of New Registered Agent
 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. (If not a Registered Agent signature requirement is waived)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition (NO CHANGE)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 119.09(3)(f), 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 687, 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 the empowered.

SIGNATURE: Bonnie Parrish P.A. Pres June 10, 2001