

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036615

1. Entity Name

JULIET T. WYNE, P.A.

Principal Place of Business

1072 GOODLETTE ROAD NORTH  
NAPLES FL 34102

Mailing Address

1072 GOODLETTE ROAD NORTH  
NAPLES FL 34102-5449

2. Principal Place of Business

3 Osage Drive  
Suite, Apt. #, etc

3. Mailing Address

3 Osage Drive  
Suite, Apt. #, etc

City & State

Old Bridge, N.J.

City & State

Old Bridge, N.J.

Zip

08857

Country

U.S.A.

Zip

08857

Country

U.S.A.

6. Name and Address of Current Registered Agent

WYNE, JULIET T  
1072 GOODLETTE ROAD NORTH  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name Dorothy S. Wyne  
Street Address (P.O. Box Number is Not Acceptable)  
14153 84th Ter. No.  
City Seminole FL Zip Code 33776

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 Dorothy S. Wyne Dorothy S. Wyne 4/27/00  
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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WYNE, JULIET T	
STREET ADDRESS	1072 GOODLETTE ROAD NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNE, JULIET T	
STREET ADDRESS	3 Osage Drive	
CITY-ST-ZIP	Old Bridge, N.J. 08857	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Juliet T. Wyne 4125100 (732)360-2112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Juliet T. Wyne, President Date Daytime Phone #

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90469 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)