

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90086 049 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000058604

1. Entity Name
JEAN M. DWYER, P.A.

Principal Place of Business
**645 NORTH HALIFAX AVENUE
 DAYTONA BEACH FL 32118**

Mailing Address
**645 NORTH HALIFAX AVENUE
 DAYTONA BEACH FL 32118-3846**

2. Principal Place of Business
614 N. Peninsula Dr.
 Suite, Apt. #, etc.

3. Mailing Address
614 N. Peninsula Dr.
 Suite, Apt. #, etc.

City & State
Daytona Beach, FL
 Zip
32118

City & State
Daytona Beach, FL
 Zip
32118

4. FEI Number **59-3520636**

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

**DWYER, JEAN M
 645 NORTH HALIFAX AVENUE
 DAYTONA BEACH FL 32118**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE	NAME	TITLE	NAME
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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: Jean M. Dwyer Date: 3/20/00 Daytime Phone #: 904-255-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)