

# 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

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

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 \_\_\_\_\_ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DWYER, JEAN M 614 NORTH PENINSULA DRIVE DAYTONA BEACH FL 32118</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jean M. Dwyer 3/20/00 904-...  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)