

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90057 048 ***150.00

DOCUMENT # P98000064446
 1. Entity Name
ROBERT S. GUNN, III, P.A.

Principal Place of Business Mailing Address
ROUTE 3 BOX 28 **ROUTE 3 BOX 28**
EAST PALATKA FL 32131 **EAST PALATKA FL 32131-9803**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5700 Southwest 34th St. **5700 Southwest 34th St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 141 **Suite # 141**
 City & State City & State
Gainesville FL **Gainesville FL**

4. FEI Number Applied For
59-3523907 Not Applicable

Zip Country Zip Country
32608 **USA** **32608** **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUNN, ROBERT S
ROUTE 3 BOX 28
EAST PALATKA FL 32131

7. Name and Address of New Registered Agent
 Name **Robert S Gunn III**
 Street Address (P.O. Box Number is Not Acceptable)
5700 Southwest 34th St
Suite D
 City **Gainesville** FL Zip Code **32608**

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 _____ (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		<input type="checkbox"/> Delete
TITLE	P	
NAME	GUNN, ROBERT S III	
STREET ADDRESS	147 U.S. HIGHWAY 17 SOUTH	
CITY-ST-ZIP	EAST PALATKA FL 32131	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
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: Date: **4/17/2000** Daytime Phone #: **(352) 375-0509**

CR2E034 (9/99)