

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105474

1. Entity Name
MARILYN ROSE MUNYON, P.A.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91558 011 ***150.00

Principal Place of Business
1502 FAIRWAY PARK BLVD.
PONTE VEDRA BEACH FL 32083

Mailing Address
1502 FAIRWAY PARK BLVD.
PONTE VEDRA BEACH FL 32083

2. Principal Place of Business
7-320 ARBOR CLUB DR
Suite, Apt. #, etc.

3. Mailing Address
7-320 ARBOR CLUB DR.
Suite, Apt. #, etc.

City & State
PONTE VEDRA BCH, FL
Zip
32082
Country
ST. JOHNS

City & State
PONTE VEDRA BCH, FL
Zip
32082
Country
ST. JOHNS

4. FEI Number 59-3547912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUNYON, MARILYN R
1502 FAIRWAY PARK BLVD.
PONTE VEDRA BEACH FL 32083

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS MUNYON, MARILYN R 1502 FAIRWAY PARK BLVD. PONTE VEDRA BEACH FL 32083	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 904-285-5000
Date Daytime Phone #

CR2E034 (10/00)