

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90019-042-\$150.00-\$150.00

DOCUMENT # P99000000970

1. Entity Name

LAW OFFICES DANIEL KEARNEY, P.A.

FILED

00 MAR 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1329 US HWY. 301 PALMETTO FL 34221		Mailing Address 1329 US HWY. 301 PALMETTO FL 34221-4137		4. FEI Number 65-0888529		Applied For Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		68.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
City & State		City & State		Name DANIEL KEARNEY		Street Address (P.O. Box Number is acceptable) 1329 U. S. Highway 301	
Zip	Country	Zip	Country	City Palmetto		FL	Zip Code 34221
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) <input type="checkbox"/>		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. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DANIEL KEARNEY			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	P/D/S			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	SP			
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 _____ Daytime Phone # _____							

CR2E034 (9/99)