

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90045 021 ***150.00

DOCUMENT # P99000016416

1. Entity Name

CPA CHOICE, INC.

Principal Place of Business

**2811 NW 41ST STREET
 BUILDING C
 GAINESVILLE FL 32606**

Mailing Address

**2811 NW 41ST STREET
 BUILDING C
 GAINESVILLE FL 32606**

2. Principal Place of Business

11801 Research Drive

Suite, Apt. #, etc.

3. Mailing Address

11801 Research Drive

Suite, Apt. #, etc.

City & State
Alachua, FL

City & State
Alachua, FL

4. FEI Number **59-3655980**

Applied For

Not Applicable

Zip
32615

Country

USA

Zip
32615

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, DOUGLAS H JR
 2811 NW 41ST STREET
 BUILDING C
 GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)
11801 Research Drive

City **Alachua**

FL

Zip Code
32615

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **D** ☐ Delete
 NAME **THOMPSON, DOUGLAS H JR**
 STREET ADDRESS **2811 NW 41ST STREET, BUILDING C**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **11801 Research Drive**
 CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2001

Date

(386) 418-4001

Daytime Phone #

CR2E034 (10/00)

70729