上に NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P990000 18703

1. Corporation Name

FILED 00 MAY 10 PM 2: 13

SECRETARY OF STATE

	TIME (O	E2(707 · 712-32	· -)	TALLAHASSI	EE, FLORIDA
rincipal Plac	ce of Business	Mailing Address			1
	112 DEALL AVE				•
14	43 6004 40			DO NOT WE	RITE IN THIS SPACE
1943 BEACH AVE ATLANTIC BEACH, FL 32233				3. Date Incorporated or Qualife	<u> </u>
7				2/2 5/99	<u> </u>
. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
[26		59-3570	182 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional
! :	27			5. Certificate of Status Desired	Fee Required
City & State				6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , ,
; 	· ~ · · · ·	28		Trust Fund Contribution	Added to Fees
Zip I	Country Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. ✓ Yes □ No		
	9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New	
			81 Name		itogistereu Agent
	- Line Comen 1	FARSER AVE ACH, 12 32233			
	1144 6515	AJE	82 Street	Address (P.O. Box Number is Not Accep	rtable)
	1943 BEACH	. 400	83		•
	Annine BE	act, 12 32235	? <u> </u>		1
			84 City		FL 85 Zip Code
1. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named	corporation submits this statement for th	e purpose of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was at	uthorized by the corr	poration's board of directors. I hereby acc	ept the appointment as registered
IGNATURE	Clarate	noncy / has	A.Z.		5/5/2000
IGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE
2.	OFFICERS AND		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
rle -	PIOISIT	DELETE	1.1 TITLE		☐ Change ☐ Addition
WE	The Gently back	E L	1.2 NAME		1
REET ADORESS	1943 BENCH DE ATTAMETE BENCH	4 FE 32233	1.3 STREET ADDRESS	1	
TY-ST-ZIP	ANAMITIC ISCH		1.4 CITY-ST-ZIP		Change C Addition
TLE		DELETE	2.1 TITLE	A DOOR	Change Addition
ME 			2.2 NAME ,		12756443
REET ADDRESS			2.3 STREET ADDRESS	_Ub/U:	5/0001003001 150.00 ****150.00
TY∙ST-ZIP TLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	* ********	150.00 ****150.00 ☐ Change ☐ Addition
ME			3.2 NAME		
ME REET ADDRESS		•	3.3 STREET ADDRESS	. :	1
reet address TY-ST-ZIP			3.4. CITY-ST-ZIP		
LE		☐ DELETE	4.1 TITLE		' ☐ Change ☐ Addition
			4. 2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
T:'-ST-ZIP			4.4 CITY-ST-ZIP		1
LE		☐ DELETE	5.1 TITLE	1	Change Addition
			■ a a		-
REET ADDRESS			5.2 NAME		
			5.2 NAME 5.3 STREET ADDRESS		1
C' ST-ZIP	<u>.</u>		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
	- ,	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		: Change Addition
	- ,	DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		
C.' ST-ZIP LE ! ADDRESS	 ,	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CI

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C. Ш

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

May 4, 2000

Florida Department of State Divisions of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Tina Gentry Farber, P.A. - 2000 Uniform Business Report

Dear Sir or Madam:

Please find the enclosed 2000 Uniform Business Report for the above referenced entity. They never received their preprinted form from the state. As soon we discovered this report had not been filed, we promptly filed. We ask for your acceptance of the enclosed Check for \$150.00 and any abatement of penalties.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James K. Reese, EA

Enclosures: Numerous

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