

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90003 047 \*\*\*150.00

**DOCUMENT # P99000029697**

1. Entity Name:  
**AMMIE R. COLLEY, P.A.**

Principal Place of Business      Mailing Address  
**512 18TH STREET NORTH      512 18TH STREET NORTH**  
**JACKSONVILLE BEACH FL 32250      JACKSONVILLE BEACH FL 32250**

UUU84000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3569733</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>COLLEY, AMMIE</b> <b>512 18TH STREET NORTH</b> <b>JACKSONVILLE BEACH FL 32250</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$550.00.</b> <del>After SEPTEMBER 13, 2000 Min. will be \$750.00.</del> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>COLLEY, AMMIE</b> <b>512 18TH STREET NORTH</b> <b>JACKSONVILLE BEACH FL 32250</b>	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"/> Delete	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"/> 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

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 Colley* **SIGNATURE COLLEY**      Date: **7/17/00**      Daytime Phone #: **904-246-8250**

CR2E034 (5/00)

Attachment Doc#  
P99000029697  
Pg. 2 of 2  
0008207

P99-29697

August 7, 2000

Florida Dept. Of State  
Division of Corporations  
Tallahassee, Florida 32314

Re: Ref. # P99000029697

I just received your letter and my returned check for \$150.00. I just recently (August) received notice for payment. When I called your office I was told that the first notice was sent out in January, I have never received that notice to pay. I am prompt to pay all my debts on time and had I received the notice before, I certainly would have paid it in a timely manner. I would like for you to reconsider waiving the late fee (\$400.00) at this time and have my report filed as soon as possible. I can provide you a history of either early payment or definitely on time payment with all my bills. I regret that this has taken place and would to make everything right.

If you have any questions please call me at (904) 246-8250.

Thank you for your time and cooperation.

Sincerely,

  
Ammie Colley

Enclosures;  
2000 Uniform Business Report  
Check for \$150.00

Attachment Doc #  
P99000029697  
00082088

Dear Sir or Madam:



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

July 13, 2000

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32302

Re: Ammie R. Colley, P.A. – 2000 Uniform Business Report

Dear Sir or Madam:

We are in receipt of your 2000 Uniform Business Report and are asking your assistance in accepting the enclosed check for \$150.00 and the completed report. The Taxpayer is a first year filer and thought the report was due at the same time as their Federal Tax Return which is on extension. When we first learn this had not been completed, we finalized and mailed to your attention. Your cooperation and understanding is appreciated in advance.

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

Sincerely,

James K. Reese, EA

Enclosures:  
2000 Uniform Business Report  
Check for \$150.00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 17, 2000

AMMIE R. COLLEY, P.A.  
512 18TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250

SUBJECT: AMMIE R. COLLEY, P.A.  
Ref. Number: P99000029697

We have received your document for AMMIE R. COLLEY, P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Pursuant to you letter, our office will grant you a one time only waiver. Please make the following corrections:

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOICATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Michelle Milligan  
Document Specialist

Letter Number: 200A00044311

*Thank you,*  
*Ammie Colley*

1605567  
59-3569733  
Attachment  
P99000029697  
00082088