

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065203

1. Entity Name

J.S. NEVIASER, P.A.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90275 043 ***150.00

000625

Principal Place of Business 222 OAKRIDGE BOULEVARD SUITE C DAYTONA BEACH FL 32118	Mailing Address 222 OAKRIDGE BOULEVARD SUITE C DAYTONA BEACH FL 32118
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3589788	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOGUIDICE, JOSEPH A 2441 BELLEVUE AVENUE DAYTONA BEACH FL 32114
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7. Name and Address of New Registered Agent Name Julius S. Neviaser, CPA Street Address (P.O. Box Number is Not Acceptable) 222 Oakridge Blvd., Ste. C City Daytona Beach FL Zip Code 32118

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 Julius S. Neviaser, CPA Julius S. Neviaser, President 4-14-01
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: Julius S. Neviaser Julius S. Neviaser (386)
President 4-14-01 258-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)