

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90009 011 ***150.00

0096983 AV

DOCUMENT # P99000073584

1. Entity Name

S. O. BOHANNON P.A.

Principal Place of Business

**552 BAY VILLAS LN
 NAPLES FL 34108**

Mailing Address

**552 BAY VILLAS LN
 NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0946636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 -Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOHANNON, SHARYN O
 552 BAY VILLAS LN
 NAPLES FL 34108**

Name

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

City

FL

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

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 \$550.00
 After September 17, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BOHANNON, SHARYN O
 552 BAY VILLAS LN
 NAPLES FL 34108**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change

☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/01

941
 248-0375

Date

Daytime Phone #

CR2E034 (5/01)

^{encl. #149000073584}
Sharyn Owen Bohannon
07/18/01

Dear Sirs:

I never received
a uniform Business Report
before this one arrived
in July '01. I would
have paid it promptly
like I have my other
fees to you in the
past.

Please consider my
payment of \$150.00
as p.d. for year. I
called your (850) 488-9000
and was told to
do this and request