

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48549

1. Entity Name

E. BRUCE BILLINGSLEY, P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90050 011 ***150.00

Principal Place of Business

Mailing Address

~~1451~~ OAKFIELD DRIVE
BRANDON FL 33511
US

~~1451~~ OAKFIELD DRIVE
BRANDON FL 33511-0800
US

948175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1463 Oakfield Dr

3. Mailing Address

1463 Oakfield Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 118

Suite 118

City & State

City & State

Brandon FL

Brandon

Zip

Country

Zip

Country

33511 USA

33511 USA

4. FEI Number

59-3133056

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

BILLINGSLEY, E. BRUCE
~~1451 OAKFIELD DR~~
BRANDON FL 33511

Name

E. Bruce Billingsley

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

1463 Oakfield Dr, Ste 118

City

Brandon

FL

Zip Code

33511

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

E. Bruce Billingsley

CEO

4-21-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
DPS
BILLINGSLEY, E. BRUCE
STREET ADDRESS
~~1451~~ OAKFIELD DRIVE
CITY-ST-ZIP
BRANDON FL

TITLE ☒ Change ☐ Addition
NAME
Billingsley, E. Bruce
STREET ADDRESS
1463 Oakfield Dr Ste 118
CITY-ST-ZIP
Brandon, FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

E. Bruce Billingsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-2000 913-654-8916

CR2E034 (9/99)