## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **V53541** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name MARY E. TONNER AND ASSOCIATES, INCORPORATED 04-20-2000 90108 027 \*\*\*150.00 Principal Place of Business Mailing Address 3540 BAYOU CIRCLE 3540 BAYOU CIRCLE LONGBOAT KEY FL 34228-3003 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0347812 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TONNER, MARY E. Street Address (P.O. Box Number is Not Acceptable) 3540 BAYOU CIRCLE **LONGBOAT KEY FL 34228** Zip Code City 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. nistered Agent signature required when reinstation? 9. This corporation is eligible satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ■ Addition TITLE TITLE ☐ Delete TONNER, MARY E. NAME NAME 3540 BAYOU CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL Addition ☐ Change ☐ Delete TITLE TITLE TONNER, GERALD W. NAME NAME 3540 BAYOU CIRCLE STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: Mary & Johnson MAR JE Johnson Resident 4/13/00 941-383-7293

CITY-ST-ZIE

CR2E034 (9/99)