

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 512 18TH STREET NORTH JACKSONVILLE BEACH FL 32250	Mailing Address 512 18TH STREET NORTH JACKSONVILLE BEACH FL 32250
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UUU84000



DO NOT WRITE IN THIS SPACE

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 59-3569733	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLEY, AMMIE
512 18TH STREET NORTH
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

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 _____ 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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00.
~~After SEPTEMBER 13, 2000 Min. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COLLEY, AMMIE 512 18TH STREET NORTH JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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