2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State
01-31-2002 90001 015 ***158.75

045308 AV

DOCUMENT # H76462

1. Entity Name
STAACK, SIMMS & HERNANDEZ, P.A.

Principal Place of Business	Mailing Address
121 N. OSCEOLA AVE. SECOND FLOOR CLEARWATER FL 34615	121 N. OSCEOLA AVE. SECOND FLOOR CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 DREW STREET	900 DREW STREET
Suite, Apt. #, etc.: SUITE 1	Suite, Apt. #, etc.: SUITE 1
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33755 Country: USA	Zip: 33755 Country: USA

4. FEI Number 59-2579647 ☐ 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
STAACK, JAMES A 121 N. OSCEOLA AVE. SECOND FLOOR CLEARWATER FL 33755	Name Street Address (P.O. Box Number is Not Acceptable): 900 DREW STREET SUITE 1 City: CLEARWATER FL Zip Code: 33755

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: _____, JAMES A. STAACK 01/15/02
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAACK, JAMES A 121 N. OSCEOLA AVE., 2ND FL. CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 900 DREW STREET, SUITE 1 CLEARWATER, FL 33755
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SIMMS, JOHN S 121 N OSCEOLA AVE, 2ND FLOOR CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 900 DREW STREET, SUITE 1 CLEARWATER, FL 33755
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HERNANDEZ, ALEXANDER 121 N OSEOLA AVE 2ND FLOOR CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 900 DREW STREET, SUITE 1 CLEARWATER, FL 33755
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ JAMES A. STAACK 01/15/02 (727) 441-2635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #