

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 24, 2001 8:00 am
Secretary of State

05-01-2001 90010 048 ***150.00

DOCUMENT # P00000029215

1. Entity Name

MOHIP & BURNETT, P.A.

Principal Place of Business

**215 W. VERNE STREET, STE B
TAMPA FL 33606**

Mailing Address

**215 W. VERNE STREET, STE B
TAMPA FL 33606**

2. Principal Place of Business

SAA

Suite, Apt. #, etc.

SAA

City & State

SAA

Zip

33606

Country

Hillsborough

3. Mailing Address

SAA

Suite, Apt. #, etc.

SAA

City & State

SAA

Zip

33606

Country

Hillsborough

4. FEI Number

59-3645490

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOHIP, AMINIE
215 W. VERNE STREET, STE B
TAMPA FL 33606**

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

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, 2001 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. D
STREET ADDRESS	Aminie Mohip
CITY-ST-ZIP	215 W. Verne St., Suite B Tampa, FL 33606-2332
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. D
STREET ADDRESS	John S. Burnett
CITY-ST-ZIP	215 W. Verne St., Suite B Tampa, FL 33606-2332
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (813) 250-9619

Daytime Phone #

CP2ED34 (1/000)