

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90214 045 ***150.00

0441248 AV

DOCUMENT # P00000029215

1. Entity Name
MOHIP & BURNETT, P.A.

Principal Place of Business Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Bayfront Tower **Bayfront Tower**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1 Beach Dr. S.E. #101 **1 Beach Dr. S.E. #101**

City & State City & State

St. Petersburg, FL **St. Petersburg, FL**

Zip Country Zip Country

33701 **Pinellas** **33701** **Pinellas**

4. FEI Number Applied For

59-3645490 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOHIP, AMINIE

~~X 215 W. VERNE STREET, STE B~~ **Bayfront Tower**
~~TAMPA FL 33606~~ **1 Beach Dr. S.E. #101**
St. Petersburg, FL 33701

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 _____ (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

TITLE	D <input type="checkbox"/> Delete
NAME	MOHIP, AMINIE
STREET ADDRESS	215 W. VERNE STREET, STE B 101 Beach Dr. S.E.
CITY-ST-ZIP	TAMPA FL 33606-2332 #101 St. Petersburg, FL 33701
TITLE	D <input type="checkbox"/> Delete
NAME	BURNETT, JOHN S
STREET ADDRESS	215 W. VERNE STREET, SUITE B 1 Beach Dr. S.E.
CITY-ST-ZIP	TAMPA FL 33606-2332 #101 St. Petersburg, FL 33701
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 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	
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: *Aminie Mohip* **AMINIE MOHIP** Date: 4/29/02 Daytime Phone #: 727-896-5915

CR2E034 (9/01)