

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90183 008 ***150.00

DOCUMENT # P01000044606

1. Entity Name
PAPA & GIPE, P.A.

Principal Place of Business
622 BYPASS DRIVE, STE 100
CLEARWATER FL 33764

Mailing Address
622 BYPASS DRIVE, STE 100
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3717784

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAPA DAVID A ESQ
622 BYPASS DRIVE, STE 100
CLEARWATER FL 33764

Misspelled

Name

Papa, David A, ESQ

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PAPA, DAVID A ESQ**
 STREET ADDRESS **622 BYPASS DRIVE, STE 100**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GIPE, R. STANLEY ESQ**
 STREET ADDRESS **622 BYPASS DRIVE, STE 100**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **R. Stanley Gipe**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-02 (21) 724-6300
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
Papa & Gipe, P.A.
Personal Injury / Personal Injury Protection

#P01000044606
124693

Attorneys:

David A. Papa, Esq.
R. Stanley Gipe, Esq.



Paralegals:

Krista Dyer
Heather Smith
Diandra DeMartino
Christina Miholics

August 27, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re.: Uniform Business Report

To Whom It May Concern:

Please find the enclosed check in the amount of \$150.00 payable to the Department of State. Unfortunately our firm did not receive the prior notice and as I understand as long as our firm submits the original \$150.00 filing fee the late fee can be waved. Please contact me directly with any questions or concerns. Thank you.

Respectfully,

R. Stanley Gipe, Esq.
727-724-6300