

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005461

1. Entity Name

HARRY CHRISTOPHER GOPLERUD, P.A.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90096 018 ***150.00

Principal Place of Business

100 S ASHLEY DR #2200
TAMPA FL 33602
US

Mailing Address

100 S ASHLEY DR #2200
TAMPA FL 33602
US

2. Principal Place of Business

100 S. Ashley Drive

Suite, Apt. #, etc.

Suite 1330

City & State

TAMPA Florida

Zip
33602

Country
USA

3. Mailing Address

100 S. Ashley Drive

Suite, Apt. #, etc.

Suite 1330

City & State

TAMPA Fla

Zip

33602

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3166517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOPLERUD, HARRY C
100 S ASHLEY DR #2200
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name GOPLERUD, Harry C.

Street Address (P.O. Box Number is Not Acceptable)

100 S. Ashley Suite 1330

City

TAMPA

FL

Zip Code

33602

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

Harry C. Goplerud

April 26, 2001

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 D
NAME GOPLERUD, HARRY C
STREET ADDRESS 100 S ASHLEY DR #2200
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Goplerud, Harry C
STREET ADDRESS 100 S. Ashley suite 1330
CITY-ST-ZIP TAMPA FL 33602 ☒ Change ☐ Addition

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Harry C. Goplerud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 2001

Date

813-8222-664

Daytime Phone #

CR2E034 (10/00)