

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90135 013 ***150.00

DOCUMENT # P94000059065

1. Entity Name
CYNTHIA N. SASS, P.A.

00006138



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
100 SO. ASHLEY DRIVE STE. 1180 **100 SO. ASHLEY DRIVE STE. 1180**
TAMPA FL 33602 **TAMPA FL 33602-5300**

2. Principal Place of Business 3. Mailing Address
112 South Armenia Ave **112 South Armenia Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa Florida **Tampa, Florida**

4. FEI Number **59-3261503** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SASS, CYNTHIA N
100 SO. ASHLEY DRIVE STE. 1180
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name **Cynthia N SASS**
 Street Address (P.O. Box Number is Not Acceptable)
112 South Armenia Ave
 City **tampa** FL Zip Code **33609**

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 *Cynthia N SASS* DATE **1/14/2000**
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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASS, CYNTHIA N		NAME	Cynthia N. SASS	
STREET ADDRESS	100 SO. ASHLEY DRIVE STE. 1180		STREET ADDRESS	112 South Armenia Ave	
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP	Tampa Florida 33609	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Cynthia N. SASS* DATE **1/14/2000** DAYTIME PHONE # **0219515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)