2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90010 002 ***150.00

DOCUMENT # P97000019170

1. Entity Name
SEMAGO & COMPANY, P.A.

Principal Place of Business	Mailing Address
~~102 WEST WHITING ST STE 600~~	~~102 WEST WHITING ST STE 600~~
~~TAMPA FL 33602~~	~~TAMPA FL 33602~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
601 N Ashley Drive	601 N Ashley DRIVE
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.: SUITE 700
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33602 Country: USA	Zip: 33602 Country: USA

4. FEI Number 59-3071081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEMAGO, JOHN JR
~~102 WEST WHITING ST STE 600~~
~~TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 601 N ASHLEY DRIVE
SUITE 700

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEMAGO, JOHN JR ~~102 WEST WHITING ST STE 600~~ ~~TAMPA FL 33602~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 601 N ASHLEY DRIVE STE 700 TAMPA FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: John Semago Jr. Pres — 4/11/01 — 813-229-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John Semago Jr.

THIS IS WRITTEN CONFIRMATION OF YOUR NAME CHANGE. IF IT IS INCORRECT, PLEASE NOTIFY THE FLORIDA BOARD OF ACCOUNTANCY IMMEDIATELY.

Attachment #P97000009170
741749

IN ACCORDANCE WITH 21A-26.005
THIS IS YOUR WRITTEN CONFIRMATION
OF YOUR ADDRESS CHANGE. IF IT IS
INCORRECT IT IS YOUR RESPONSIBILITY
TO NOTIFY THE BOARD OF ACCOUNTANCY
IMMEDIATELY

LI10 - Ver 01.13 Florida BPR Automated Systems 10/25/00
Function: (CI) I LICENSING 11:05:27
>>----------> LICENSE MASTER (1 OF 5) <----------<<
OCC: AD LIC NBR: 0018891 LIC TYPE: L ID NBR: 000555088 ID TYPE: P PIN
NAME: SEMAGO & COMPANY, P.A. DOB:
OCCUP: ACCOUNTANCY CORPORATION ORG LIC: 8 19 1991
CLASS: 028 CORPORATION SERIES:
BUSINESS:
DBA: B2D SEMAGO, CPA'S AND BUSINESS ADVISORS
EFFECTIVE: 01/01/00 EXPIRES: 12/31/01 SPECIALTY:
------ PROFILE MAILING - ---------- -------- LOCATION ----------
601 N. ASHLEY DRIVE, SUITE 700

CITY: TAMPA STATE: FL | CITY: STATE:
COUNTY: HILLSBOROU ZIP: 33602 - 0000 | COUNTY: ZIP: -
---------- STATUS ----------
LICENSE: A ACTIVE MILITARY(Y): RETURN MAIL:
PROCESSING: I ISSUED BAD CHECK(Y):
BD ACTION: REFUND(Y): MULTIPLE LIC(Y):
BD ACTION DATE: 00 DATE:
NEXT KEY: FASTPATH:

F1-HELP F2-LI20 F3-SUB MENU F4-EXIT F10-FORWARD F12-MAIN MENU
4-© 1 Sess-1 199.250.21.49 2/19