

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067372

1. Entity Name
SEMINOLE PRO, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90108 050 ***158.75

0943541

Principal Place of Business
5025 W LEMON ST
TAMPA FL 33609

Mailing Address
5025 W LEMON ST
TAMPA FL 33609

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5050 W. Lemon St
Suite, Apt. #, etc.

3. Mailing Address
5050 W. Lemon St
Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number 59-3525154
Applied For
Not Applicable

Zip 33609 Country Hillsborough

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

6. Name and Address of Current Registered Agent
MARTIN, JAMES J III.
5025 W LEMON ST
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name
MARTIN, JAMES J III
Street Address (P.O. Box Number is Not Acceptable)
5050 W Lemon St
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 James J. Martin III 1-31-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5025 W LEMON ST		STREET ADDRESS	5050 W. Lemon St	
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP	Tampa FL 33609	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Thomas J. Bean 1-31-01 813-289-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)