9/5/00-90028-038-$550.00-$550.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065755

1. Entity Name

DARRIGO & DIAZ, P.A.

FILED

00 SEP 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AU074963

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4510 N. ARMENIA AVENUE TAMPA FL 33603	4510 N. ARMENIA AVENUE TAMPA FL 33603-2703

2. Principal Place of Business	3. Mailing Address
4503 N Armenia	
Suite, Apt. #, etc.: Ste 101	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33603 Country: Hills	Zip / Country

4. FEI Number: 59-3592864 ☐ Applied For ☐ Not Applicable

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
DIAZ, NADINE 913 CIMMERON DRIVE TAMPA FL 33603	Name 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.

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DARRIGO, RONALD 4510 N. ARMENIA AVENUE TAMPA FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same 4503 N Armenia ave Ste 101 Tampa, FL, 33603	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAZ, NADINE 913 CIMMERON DRIVE TAMPA FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same 4503 N Armenia ave Ste 101 Tampa, FL. 33603.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

COR2E034 (9/99)

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: Nadine Diaz 9/1/2000 (813) 877-5548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #