

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024510

1. Entity Name

ASSOCIATED ATTORNEY'S CONFIDENTIAL REFERRAL SEFV

**FILED**  
May 29, 2001 8:00 am  
Secretary of State

05-29-2001 90011 050 \*\*\*150.00

0527490

Principal Place of Business Mailing Address  
1156 7 STREET NW P O BOX 1033  
LARGO FL 33770 LARGO FL 33779-1033

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3498915 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

GIVENS, MARADENE  
1250 14TH CT SW  
LARGO FL 33770

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 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!** **FEES 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	PSTD	<input type="checkbox"/> Delete
NAME	GIVENS, MARADENE	
STREET ADDRESS	1250 14 COURT SW	
CITY-ST-ZIP	LARGO FL 33779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIVENS, JON K	
STREET ADDRESS	1250 14TH CT SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empower.

SIGNATURE: Maradene Givens Maradene Givens 4-26-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE (OR DIRECTOR) Date Daytime Phone #

CR2E034 (10/00)