

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90402 012 ***150.00

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F84178

1. Entity Name

Guida & Jimenez, PA

B0125239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1302 W Sligh Ave

Suite, Apt. #, Etc.

A

City & State

Tampa FL

Zip

33604 Hillsborough

3. Mailing Address

1302 W Sligh Ave

Suite, Apt. #, Etc.

A

City & State

Tampa FL

Zip

33604 Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2188404

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

James A Jimenez

Street Address (P.O. Box Number is Not Acceptable)

1302 W Sligh Ave Ste A

City

Tampa

FL

Zip Code

33604

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FEES \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	James A. Jimenez
STREET ADDRESS	1302 W Sligh Ave
CITY-STATE-ZIP	Tampa FL 33604
TITLE	Secretary
NAME	Kathleen F Jimenez
STREET ADDRESS	9314 N. Valle Dr.
CITY-STATE-ZIP	Tampa FL 33612
TITLE	THORSH D ZIPLER
NAME	THORSH D ZIPLER
STREET ADDRESS	14324 Skyflower Lane
CITY-STATE-ZIP	Tampa 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/30/02

Date

Daytime Phone #

CR2E037B (12/01)

Attachment
Doc # F84178

GUIDA & JIMENEZ, PA
1302 W. SLIGH AVENUE, SUITE A
TAMPA, FL 33604
813-933-2336

HERITAGE BANK OF FLORIDA
LUTZ/LAND O' LAKES, FL
813-1474-6311

1204

Annual report

One Hundred Fifty Dollars

DATE 7/30/02

AMOUNT \$ 150.00

FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE
TALLAHASSEE, FL 32399

GUIDA & JIMENEZ, PA

Theresa D. Ziffer

0001204110631147421

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Details on back

In Error
Wrong Name
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