

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 433996

1. Entity Name

JAMES M. CLONTZ ASSOCIATES, INC.

FILED

Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90011 026 \*\*\*150.00

Principal Place of Business

Mailing Address

13902 N DALE MABRY HIGHWAY  
SUITE 108  
TAMPA FL 33618-2424

13902 N DALE MABRY HIGHWAY  
SUITE 108  
TAMPA FL 33618-2424

2. Principal Place of Business

3. Mailing Address

2809 Linthicum Place  
Suite, Apt. #, etc.

P.O. Box 271204  
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-1481766

Applied For

Not Applicable

Zip

Country

33618-4010

USA

Zip

Country

33688-1204

USA

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

CLONTZ, JAMES M  
13902 N DALE MABRY STE 108  
TAMPA FL 33624

Name

SAME

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

2809 Linthicum Place

City

TAMPA

FL

Zip Code

33618-4010

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 M. Clontz - President

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 STREET ADDRESS CITY-ST-ZIP	PD CLONTZ, JAMES M. 2809 LINTHICUM PLACE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLONTZ, JO ANNE R. 2809 LINTHICUM PLACE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 James M. Clontz - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01  
Date

813-961-4511  
Daytime Phone #

CR2E034 (10/00)