

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90363 043 ***150.00

06069020
FP

DOCUMENT # 504208

1. Entity Name
LOPEZ & KELLY, P.A.



Principal Place of Business
**4600 W. CYPRESS ST.
SUITE 500
TAMPA FL 33607
US**

Mailing Address
**4600 W. CYPRESS T
SUITE 500
TAMPA FL 33607
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1670129**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, AL R., JR.
4600 W. CYPRESS
SUITE 500
TAMPA FL 33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPAT** ☐ Delete
NAME **BIBLE, ROBERT W. JR.**
STREET ADDRESS **4600 WEST CYPRESS STREET**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **LOPEZ, AL R. JR.**
STREET ADDRESS **4600 W CYPRESS ST**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPSD** ☐ Delete
NAME **KELLY, MARK P.**
STREET ADDRESS **4600 WEST CYPRESS ST**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 289-3400

CR2E034 (10/02)

Attachment

Lopez & Kelly, P.A.
Attorneys at Law

AL R. LOPEZ, JR.
MARK P. KELLY
ROBERT W. BIBLE, JR.

SUITE 500
4600 WEST CYPRESS STREET
TAMPA, FLORIDA 33607
(813) 289-3400
FAX: 287-5775

April 11, 2003

E-MAIL: landkpa@flash.net

Secretary of State
Division of Corporations
ATTN: Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

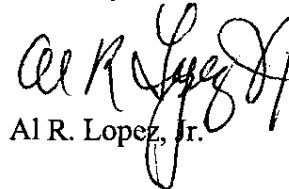
Re: LOPEZ & KELLY, P.A.
Document #504208

Dear Sir/Madam:

Please find enclosed the 2003 Uniform Business Report for Lopez & Kelly, P.A., which has been completed and signed.

Also enclosed is my firm's check in the amount of \$150.00 to cover the filing fee.

Sincerely,


Al R. Lopez, Jr.

ARL/jr

Enclosures