2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90045 018 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 537834

1. Entity Name
ACOSTA AND ACOSTA, P.A.

Principal Place of Business	Mailing Address
13902 N. DALE MABRY HWY STE 227 TAMPA FL 33618	13902 N. DALE MABRY HWY STE 227 TAMPA FL 33618

2. Principal Place of Business	3. Mailing Address
14497 N DALE MABRY HWY	14497 N DALE MABRY HWY
Suite, Apt. #, etc. STE 165 N	Suite, Apt. #, etc. STE 165 N
City & State TAMPA, FL 33618	City & State TAMPA, FL 33618
Zip / Country	Zip / Country

4. FEI Number 59-1752200 ☐ 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
ACOSTA, JAMES D. 13902 N. DALE MABRY HWY STE 227 TAMPA FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) 14497 N DALE MABRY HWY STE 165 N City TAMPA FL Zip Code 33618

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!!! FEE IS $150.00
After May 1, 2002 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 ACOSTA, JAMES D. 13902 N. DALE MABRY HWY 227 TAMPA FL 227 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 14497 N DALE MABRY HWY, STE 165 N TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACOSTA, MARY H. 13902 N. DALE MABRY HWY 227 TAMPA FL 227 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 14497 N DALE MABRY HWY, STE 165 N TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 D ACOSTA 4/16/02 813 962 1328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #