

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570621

1. Entity Name

ALTAMURA, MARSH AND ASSOCIATES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90002 039 ***150.00

Principal Place of Business

Mailing Address

29605 US HWY 19 NO
STE 210
CLEARWATER FL 33761
US

PO BOX 6980
STE 210
CLEARWATER FL 33758-6980
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 5829

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clearwater FL

4. FEI Number

59-1815556

Applied For

Not Applicable

Zip

Country

Zip

Country

33758

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

ALTAMURA, LEONARD N
29605 US HWY 19 NO
STE 210
CLEARWATER FL 34621

Name

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

City

FL

Zip Code

33761

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, 2000 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 PD ☐ Delete
NAME ALTAMURA, LEONARD N
STREET ADDRESS 29605 US HWY 19 N
CITY-ST-ZIP CLEARWATER FL

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

TITLE V ☐ Delete
NAME SHORT, JERRY W.
STREET ADDRESS 29605 US HWY 19 N
CITY-ST-ZIP CLEARWATER FL

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

TITLE ST ☐ Delete
NAME STITT, WILLIAM H.
STREET ADDRESS 29605 US HWY 19
CITY-ST-ZIP CLEARWATER FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

Leonard N. Altamura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD N. ALTAMURA

Date

Daytime Phone #

2/4/00 727-785-5651

CR2E034 (9/99)