

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 642977**

1. Entity Name

MYRON J. MENSCH, P.A.

Principal Place of Business

**111 SECOND AVE N.E.
STE 610
ST. PETERSBURG FL 33701
US**

Mailing Address

**111 SECOND AVE N.E.
STE 610
ST. PETERSBURG FL 33701-3479
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MONSH, MARON J
111 SECOND AVE N.E.
STE 610
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **MYRON J. MENSCH**

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.

SIGNATURE

Myron J. Mensch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/19/00*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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	MENSCH, MYRON S	
STREET ADDRESS	111 SECOND AVENUE, N.E., STE 620	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE		<input type="checkbox"/> Delete
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12.

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

727-822-2200

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90018 033 ***150.00

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DO NOT WRITE IN THIS SPACE