

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 686648

1. Entity Name

SCHIFINO & FLEISCHER, P.A.

Principal Place of Business

Mailing Address

201 N. FRANKLIN ST.
1 TAMPA CITY CTR. #2700
TAMPA FL 33602-2174

201 N. FRANKLIN ST.
1 TAMPA CITY CTR. #2700
TAMPA FL 33602-5816

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

59-2020717

Applied For

Not Applied For

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

SCHIFINO, WILLIAM J
201 N. FRANKLIN ST.
1 TAMPA CITY CTR. #2700
33602-2174

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.

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	<input type="checkbox"/> Delete
NAME	SCHIFINO, WILLIAM J	
STREET ADDRESS	1 TAMPA CITY CTR. #2700	
CITY-ST-ZIP	TAMPA FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FLEISCHER, FRANK N	
STREET ADDRESS	1 TAMPA CITY CTR. #2700	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *William J Schifino* WILLIAM J SCHIFINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

813-223-1535

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90067 037 ***150.00

B0015064



DO NOT WRITE IN THIS SPACE