

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 OCT -4 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004362

1. Entity Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Howard A. Gordon, Esq., P.C.

Principal Place of Business

Mailing Address

26 Mohegan Dr.
West Hartford, CT
06117

26 Mohegan Dr.
West Hartford, CT
06117

2. Principal Place of Business

20 Davis Blvd.

3. Mailing Address

26 Mohegan Dr.

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
West Hartford, CT

4. FEI Number

59-3534995

Applied For

Not Applicable

Zip
33606

Country
USA

Zip
06117

Country
USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Arthur B. Skafidas
505 East Jackson St., Suite 200
Tampa, FL 33606

7. Name and Address of New Registered Agent

Name
Howard A. Gordon
Street Address (P.O. Box Number is Not Acceptable)
2 Adalia Ave.

City Tampa FL Zip Code 33606

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

Howard A. Gordon

Howard A. Gordon, XXXXXXXX

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Justin Donnelly 1321 Hill St. Suffield, CT 06078	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Arthur Skafidas 9615 Cypress Brook Rd. Tampa FL 33647	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Justin Donnelly 1321 Hill St. Suffield, CT 06078	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sylvia L. Gordon 26 Mohegan Dr. West Hartford, CT 06117	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Howard A. Gordon 26 Mohegan Dr. West Hartford, CT 06117	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Howard A. Gordon 26 Mohegan Dr. West Hartford, CT 06117	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Chairman Howard A. Gordon 26 Mohegan Dr. West Hartford, CT 06117	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Howard A. Gordon

Howard A. Gordon, Member 813-390-4093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)