

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F21176

1. Entity Name

FRANK L. NATTER, P.A.

Principal Place of Business

~~2335 KILGORE DR~~
~~LARGO FL 33770~~
US

Mailing Address

~~2335 KILGORE DR~~
~~LARGO FL 33770~~
US

2. Principal Place of Business

2044 DIPLOMAT DRIVE

3. Mailing Address

2044 DIPLOMAT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33764

Country

US

Zip

33764

Country

US

6. Name and Address of Current Registered Agent

NATTER, FRANK L.
~~2335 KILGORE DR~~
~~LARGO FL 33770~~

7. Name and Address of New Registered Agent

Name

FRANK L. NATTER

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

2044 DIPLOMAT DRIVE

City

CLEARWATER

FL

Zip Code

33764

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

4/6/01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS NATTER, FRANK L.
CITY-ST-ZIP 2335 KILGORE DR
LARGO FL 33770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS NATTER, FRANK L.
CITY-ST-ZIP 2044 DIPLOMAT DRIVE
CLEARWATER, FL 33764

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

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK L. NATTER 4/6/01 727-524-2323

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90130 030 ***155.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)