FILED
Jun 11, 2002 8:00 am
Secretary of State
06-11-2002 90402 012 ***150.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84178

1. Entity Name

Guida & Jimenez, PA

B0125239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1302 W Sligh Ave	1302 W. Sligh Ave
Suite, Apt. #, etc. A	Suite, Apt. #, etc. A
City & State Tampa FL	City & State Tampa FL
Zip 33604 County Hillsborough	Zip 33604 County Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2188404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name James A Jimenez

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

1302 W Sligh Ave Ste A

City Tampa FL Zip Code 33604

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	James A Jimenez
STREET ADDRESS	1302 W Sligh Ave
CITY-ST-ZIP	Tampa FL 33604
TITLE	Secretary
NAME	Kathleen F Jimenez
STREET ADDRESS	9314 N. Valle Dr.
CITY-ST-ZIP	Tampa, FL 33612
TITLE	TREASURER
NAME	THERESA D. ZIPLER
STREET ADDRESS	14324 Skyflower Lane
CITY-ST-ZIP	Tampa 33626
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PRESIDENT 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DC# F02178

GUIDA & JIMENEZ, PA
1302 W. SLIGH AVENUE, SUITE A
TAMPA, FL 33604
813-933-2336

HERITAGE BANK OF FLORIDA
LUTZ/LAND O'LAKES, FL
63-1474-631

1204

[redacted]

Annual report

One Hundred Fifty Dollars

DATE
4/30/02

AMOUNT
$ 150.00

Dept of State

PAY TO THE ORDER OF

FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE
TALLAHASSEE, FL 32399

GUIDA & JIMENEZ, PA

Security Features Included. Details on back.

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In Error
Wrong Name
On Check