2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90133 039 ***150.00

631762

DO NOT WRITE IN THIS SPACE

DOCUMENT # G58264

1. Entity Name
~~STITES & MATO, P.A., CERTIFIED PUBLIC ACCOUNTANT~~
ARTHUR J. STITES, P.A.

Principal Place of Business
% ARTHUR J. STITES. C.P.A.
~~5644 COLCORD AVENUE~~
~~JACKSONVILLE FL 32211~~

Mailing Address
% ARTHUR J. STITES. C.P.A.
~~5644 COLCORD AVENUE~~
~~JACKSONVILLE FL 32211-7017~~

2. Principal Place of Business: 1514 NIRA STREET
Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL.
Zip: 32207-8652 Country: USA ~~[illegible]~~

3. Mailing Address: 1514 NIRA STREET
Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL
Zip: 32217-8652 Country: USA

4. FEI Number 59-2324354 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STITES, ARTHUR J., C.P.A.
~~5644 COLCORD AVENUE~~
JACKSONVILLE FL ~~32211~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 1514 NIRA STREET
City: JACKSONVILLE FL Zip Code: 32207-8652

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] ARTHUR J. STITES 3/24/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STITES, ARTHUR J 5644 COLCORD AVE. JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1514 NIRA STREET JACKSONVILLE, FL. 32217-8652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MATO, ALEJANDRO F. 5644 COLCORD AVENUE JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E014 (1/99)

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] ARTHUR J. STITES 3/24/00 396-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #