

2000 UNIFORM BUSINESS REPORT (UBR)

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.

3. Mailing Address

1514 NIRA STREET
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL

4. FEI Number

59-2324354

Applied For

Not Applicable

Zip

32207-8652

Country

USA

Zip

32207-8652

Country

USA

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, 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

TITLE DP
NAME STITES, ARTHUR J
STREET ADDRESS 5644 COLCORD AVE.
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE DS
NAME MATO, ALEJANDRO F.
STREET ADDRESS 5644 COLCORD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1514 NIRA STREET
CITY-ST-ZIP JACKSONVILLE, FL 32207-8652 ☒ Change ☐ Addition

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

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

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

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

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

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:

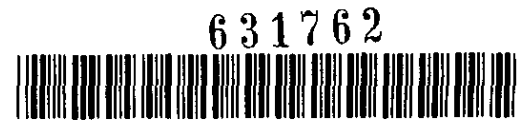
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00

396-5831



DO NOT WRITE IN THIS SPACE

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C-014 (3/99)