

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G73232**

1. Entity Name  
**STEVEN H. MEZER, P.A.**

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90098 032 \*\*\*550.00

Principal Place of Business  
**C/O STEVEN H. MEZER  
1212 COURT STREET, SUITE B  
CLEARWATER FL 34616**

Mailing Address  
**C/O STEVEN H. MEZER  
1212 COURT STREET, SUITE B  
CLEARWATER FL 34616**

2. Principal Place of Business  
**220 SOUTH FRANKLIN ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**220 SOUTH FRANKLIN ST.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**TAMPA, FLA**  
Zip  
**33602** Country  
**USA**

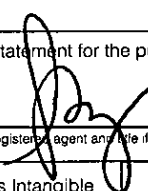
City & State  
**TAMPA FL**  
Zip  
**33602** Country  
**USA**

4. FEI Number **59-2368350** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MEZER, STEVEN H. ESQ.  
1212 COURT ST., SUITE B  
CLEARWATER FL 34616**

7. Name and Address of New Registered Agent  
Name **STEVEN H MEZER**  
Street Address (P.O. Box Number is Not Acceptable)  
**220 SOUTH FRANKLIN ST.**  
City **TAMPA** FL Zip Code **33602**

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 **7/13/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS MEZER, STEVEN H 1212 COURT ST., SUITE B CLEARWATER, FL 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS STEVEN H. MEZER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>220 SOUTH FRANKLIN Street TAMPA, FL 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  DATE **7/13/00** **813-204-6492**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

C-72E034 (5/00)