

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G77156

1. Entity Name

BLASINGAME, FORIZS & SMILJANICH, P.A.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90215 008 ***150.00

Principal Place of Business

Mailing Address

300 FIRST AVE. SOUTH
 SUITE 500
 ST PETERSBURG FL 33701
 US

300 FIRST AVE. SOUTH
 P.O. BOX 1259
 ST PETERSBURG FL 33701-4209

2. Principal Place of Business

3. Mailing Address

4830 W.KENNEDY BLVD

4830 W.KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ONE URBAN CENTRE #147

ONE URBAN CENTRE #147

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip
 33609

Country
 USA

Zip
 33609

Country
 USA

4. FEI Number

59-2365200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORIZS, ZALA L.
 300 FIRST AVE. SOUTH
 ST. PETERSBURG FL 33701

Name
 TERRY A. SMILJANICH

Street Address (P.O. Box Number is Not Acceptable)
 ONE URBAN CENTRE #147

4830 W.KENNEDY BLVD

City
 TAMPA, FL

FL

Zip Code
 33609

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

4/25/00

TERRY SMILJANICH, AS REGISTERED AGENT FOR BLASINGAME, FORIZS & SMILJANICH

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	P FORIZS, ZALA 227 ESTADO WAY ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMILJANICH, TERRY 1000 BRGHTWTRS BLVD NE ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CHRISTA L. 201 RIALTO WAY NE ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANCHUNIS, JOHN A. 901 NE 31 ST ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOGANI, ANGERSON B 9408 BEACHBERRY PL PINELLAS PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURER <input checked="" 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:

4/25/00

813-286-4100

TERRY SMILJANICH, AS PRESIDENT OF BLASINGAME, FORIZS & SMILJANICH

Daytime Phone #

CR2E034 (9/99)