

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H25006

1. Entity Name  
**GUARNIERI & MARTINEZ, P.A.**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90041 028 \*\*\*150.00

Principal Place of Business 608 E. MORGAN ST BRANDON FL 33510	Mailing Address 608 E. MORGAN ST BRANDON FL 33510-4607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1111 oakfield Dr</b> Suite, Apt. #, etc. <b>Ste 115</b> City & State <b>Brandon FL</b> Zip <b>33511</b> Country <b>Hillsborough</b>	3. Mailing Address <b>1111 oakfield Dr</b> Suite, Apt. #, etc. <b>Ste 115</b> City & State <b>Brandon FL</b> Zip <b>33511</b> Country <b>Hillsborough</b>
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4. FEI Number <b>59-2456679</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUARNIERI, JAMES W.**  
**608 E. MORGAN ST**  
**BRANDON FL 33511**

7. Name and Address of New Registered Agent --  
Name **GUARNIERI James W**  
Street Address (P.O. Box Number is Not Acceptable)  
**1111 oakfield Dr**  
**Ste 115**  
City **Brandon** FL Zip Code **33511**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input type="checkbox"/> Delete
NAME <b>GUARNIERI, JAMES W.</b>	
STREET ADDRESS <b>608 E. MORGAN ST</b>	
CITY-ST-ZIP <b>BRANDON FL</b>	
TITLE <b>DS</b>	<input type="checkbox"/> Delete
NAME <b>MARTINEZ, NERI L</b>	
STREET ADDRESS <b>608 EAST MORGAN STREET</b>	
CITY-ST-ZIP <b>BRANDON FL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GUARNIERI James W</b>	
STREET ADDRESS <b>1111 oakfield Dr Ste 115</b>	
CITY-ST-ZIP <b>Brandon FL 33511</b>	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Martinez Neri L</b>	
STREET ADDRESS <b>1111 oakfield Dr Ste 115</b>	
CITY-ST-ZIP <b>Brandon FL 33511</b>	

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] **SIGNATURE REQUIRED** Date 2-2-00 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)