2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90217 021 ***150.00

0519300

DOCUMENT # H30106

1. Entity Name
VENABLE & VENABLE, P.A.

Principal Place of Business	Mailing Address
205 SOUTH HOOVER BOULEVARD #403 TAMPA FL 33609	205 SOUTH HOOVER BOULEVARD #403 TAMPA FL 33609

755804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4902 Andros Dr.	P.O. Box 25956
Suite, Apt. #, etc. TAMPA	Suite, Apt. #, etc.
City & State TAMPA FL	City & State TAMPA FL
Zip 33629 Country USA	Zip 33622 Country USA

4. FEI Number 59-2482032 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VENABLE, JOHN F.
205 SOUTH HOOVER BOULEVARD #403
SUITE 455
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name JOHN F. VENABLE
Street Address (P.O. Box Number is Not Acceptable) 4902 Andros Ave
City TAMPA FL Zip Code 33629

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, 2001 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	PD VENABLE, JOHN F. 205 S HOOVER BLVD #403 TAMPA FL	☐ Delete	PD John F. VENABLE 4902 Andros Ave TAMPA FL	☒ Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VENABLE, CATHERINE M. 205 S HOOVER BLVD #403 TAMPA FL	☐ Delete	D Catherine M. VENABLE 4902 Andros DR. TAMPA, FL	☒ Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 4-25-01 (813)281-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #