2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90308 022 ***150.00

DOCUMENT # J11010

1. Entity Name
MAMONTOFF & ASSOCIATES, INC.

Principal Place of Business
1523 W HILLSBOROUGH
TAMPA FL 33603

Mailing Address
1523 W HILLSBOROUGH
TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1527 W. Hillsborough
Suite, Apt. #, etc.: F
City & State: Tampa, Fl.
Zip: 33603 Country: U.S.A.

3. Mailing Address: 1527 W. Hillsborough
Suite, Apt. #, etc.:
City & State: Tampa, Fl.
Zip: 33603 Country: U.S.A.

4. FEI Number 59-2698941 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MAMONTOFF, NADINE
1523 W. HILLSBOROUGH AVE.
TAMPA FL 33603

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 1527 W. Hillsborough
City: Tampa FL Zip Code: 33603

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] Nadine Mamontoff, President 4/23/01
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 MAMONTOFF, NADINE 6160 FITZGERALD RD. ODESSA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Nadine Mamontoff 4/23/01 813-238-4538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #