

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90061 021 ***150.00

DOCUMENT # J35954

1. Entity Name

DUBBELD AND KALBER, P.A.

Principal Place of Business

C/O PETER H. DUBBELD
6500 FIRST AVE. N.
ST. PETERSBURG FL 33710

Mailing Address

C/O PETER H. DUBBELD
6500 FIRST AVE. N.
ST. PETERSBURG FL 33710

2. Principal Place of Business

7113 FIRST AVE S

3. Mailing Address

7113 FIRST AVE S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33707-1223

Country

PINELLAS

Zip

33707-1223

Country

PINELLAS

4. FEI Number

59-2719806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBBELD, PETER H.
6500 FIRST AVE. N.
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name -

Street Address (P.O. Box Number is Not Acceptable)

7113 FIRST AVE S

City

ST. PETERSBURG

FL

Zip Code

33707-1223

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

PETER H. DUBBELD

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-01

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

TITLE **D** ☐ Delete
NAME **DUBBELD, PETER H.**
STREET ADDRESS **8053 13TH AVE. SO.**
CITY-ST-ZIP **ST. PETERSBURG FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER H. DUBBELD

Date

Daytime Phone #

1-13-01 727 747 877

CR2E034 (10/00)