

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90155 006 ***150.00

DOCUMENT # K04998

1. Entity Name
GREGG & ASSOCIATES, INC.

Principal Place of Business Mailing Address
~~1040 MONTEREY BLVD NE~~ **210 S 12TH ST** ~~1040 MONTEREY BLVD NE~~ **210 S 12TH ST**
~~ST PETERSBURG FL 33704~~ **TAMPA, FL** ~~ST PETERSBURG FL 33704~~ **TAMPA, FL**
~~US~~ **33602** ~~US~~ **33602**

HUUSZCZ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
210 S 12TH ST **210 S 12TH ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

TAMPA

City & State City & State
PL **TAMPA FL**

Zip Country Zip Country
33602 **USA** **33602** **USA**

4. FEI Number **58-1763139** 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

GREGG, MARLENE B.
~~1040 MONTEREY BLVD NE~~
~~ST PETERSBURG FL 33704~~

Name **MARLENE B. GREGG**

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

210 S 12TH ST

City **TAMPA** **FL** Zip Code **33602**

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 *Marlene B Gregg* **MARLENE B GREGG**
 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 **PD** ☐ Delete
 NAME **GREGG, MARLENE B**
 STREET ADDRESS ~~1040 MONTEREY BLVD NE~~
 CITY-ST-ZIP ~~ST PETERSBURG FL 33704~~

TITLE ☒ Change ☐ Addition
 NAME **210 S 12TH ST**
 STREET ADDRESS **TAMPA, FL 33602**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Marlene B Gregg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 **727-826-9365**
 Date Daytime Phone #

CR2E034 (10/00)