

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07412

1. Entity Name

VARNADOE AND ASSOCIATES, P.A.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90016 047 ***150.00

Principal Place of Business

Mailing Address

1105 7TH AVE. N.
ST. PETERSBURG FL 337051105 7TH AVE. N.
ST. PETERSBURG FL 33705

2. Principal Place of Business

6527 - 1st Ave. So.

3. Mailing Address

6527 - 1st Ave. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FlCity & State
St. Petersburg, Fl

4. FEI Number 59-2863378

Applied For

Not Applicable

Zip
33707Country
PinellasZip
33707Country
Pinellas5. 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

VARNADOE, KENNETH W., PHD
1105 7TH AVE., N.
ST. PETERSBURG FL 33705Name
VARNADOE, KENNETH WStreet Address (P.O. Box Number is Not Acceptable)
6527 - 1st Ave. So.

City St. Petersburg FL Zip Code 33707

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 State10. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PS	VARNADOE, KENNETH W., PHD	1105 7TH AVE. N.	ST. PETERSBURG FL	<input type="checkbox"/>	PS	VARNADOE, KENNETH W, Ph.D.	6527 - 1st Ave. So.	St. Petersburg, Fl	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)