

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K18811

1. Entity Name

HOLCOMB & DECORT, P.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90061 032 ***150.00

Principal Place of Business

Mailing Address

% VICTOR W. HOLCOMB
315 S HYDE PARK AVE
TAMPA FL 33606

415 S HYDE PARK AVE
TAMPA FL 33606-2268
US

AU044113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

106 S. Tampania Ave.

3. Mailing Address

106 S. Tampania Ave.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2878661

Applied For

Not Applicable

Zip
33609

Country
Hillsborough

Zip
33609

Country
Hillsborough

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

HOLCOMB, VICTOR W.
315 S HYDE PARK AVE
TAMPA FL 33606

Name

Victor W. Holcomb

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

106 S. Tampania Ave.

Suite 200

City

Tampa

FL

Zip Code
33609

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS HOLCOMB, VICTOR W.
CITY-ST-ZIP 415 S. HYDE PARK AVE.
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS Victor W. Holcomb
CITY-ST-ZIP 106 S. Tampania Ave., Suite 200
Tampa, FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

02/19/00

Date

813-254-7739

Daytime Phone #

CR2E034 (9/99)