

DOCUMENT # K18811

1. Entity Name  
HOLCOMB & DECORT, P.A.

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90035 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 106 S TAMPA AV SUITE 200 TAMPA FL 33609	Mailing Address 106 S TAMPA AV SUITE 200 TAMPA FL 33609 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-2878661	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W.  
106 S TAMPA AV  
SUITE 200  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 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 HOLCOMB, VICTOR W. 106 S TAMPA AV STE 200 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Victor W. Holcomb, President Date 1-5-01 Daytime Phone # 813-874-8800

CR2E034 (10/00)

ATTACHMENT  
D# K18811

**HOLCOMB & DECORT, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

VICTOR W. HOLCOMB  
DONALD P. DECORT  
ANDREW J. MAYTS, JR.

106 S. TAMPANIA AVE., STE 200  
TAMPA, FLORIDA 33609  
Phone: (813) 874-8800  
Fax: (813) 874-8700

January 5, 2001

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302

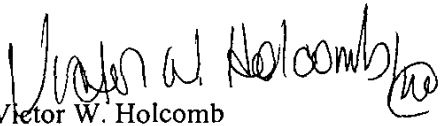
Re: Annual Report for Holcomb & DeCort, P.A.

To Whom It May Concern:

Enclosed herewith please find an Annual Report, together with a check in the amount of \$150.00 for the above corporation. Should you have any questions or comments with regard to this matter, please don't hesitate to contact me.

Very truly yours,

HOLCOMB & DECORT, P.A.

  
Victor W. Holcomb

VWH/nml  
Enclosure