

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61613

1. Entity Name

VESSEL & MORALES, P.A.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90020 049 ***150.00

Principal Place of Business

1411 N. WESTSHORE BLVD.
SUITE 203
CLEARWATER FL 33762

Mailing Address

3166 SPOONBILL COURT
CLEARWATER FL 33762

2. Principal Place of Business

3166 Spoonbill Ct.
Suite, Apt. #, etc.

3. Mailing Address

1100 W. Kennedy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

TAMPA, FL

4. FEI Number

59-2928109

Applied For

Not Applicable

Zip

Country

33762

Zip

Country

33606

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

VESSEL, ROBERT L
1100 WEST KENNEDY BLVD.
TAMPA FL 33606

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

Robert L Vessel

03/05/01

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	P VESSEL, ROBERT L 3166 SPOONBILL COURT CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am empowered.

SIGNATURE:

Robert L Vessel, Pres.
Robert L. Vessel

Date

Daytime Phone #

03/05/01 8132575550

CR2E034 (10/00)