

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90209 011 ***150.00

DOCUMENT # K71051

1. Entity Name
MYRON J. MENSCH, P.A.

Principal Place of Business

**111 2ND AVENUE N.E.
SUITE 610
ST. PETERSBURG FL 33710
US**

Mailing Address

**111 2ND AVENUE N.E.
SUITE 610
ST. PETERSBURG FL 33710
US**

80009640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 - 66 Street N.

Suite, Apt. #, etc.

SUITE 300

City & State

St. Petersburg, FL

Zip

33710

Country

US

3. Mailing Address

1700 - 66 Street N.

Suite, Apt. #, etc.

SUITE 300

City & State

St. Petersburg, FL

Zip

33710

Country

US

4. FEI Number

59-2936198

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENSCH, MYRON J.

111-2 AVE NE SUITE 610

ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

MYRON J. MENSCH

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

1700 - 66 Street N., Suite 300

City

St. Petersburg

FL

Zip Code

33710

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 **MYRON J. MENSCH**
Myron J. Mensch

Myron J. Mensch

DATE **1/10/02**

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MENSCH, MYRON J.	
STREET ADDRESS	111-2 AVE NE #610	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MACINTOSH, VICTORIA E.	
STREET ADDRESS	111-2 AVE NE #610	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYRON J. MENSCH	
STREET ADDRESS	1700 - 66 STREET N., Suite 300	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRON J. MENSCH	
STREET ADDRESS	1700 - 66 Street N., Suite 300	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MYRON J. MENSCH
Myron J. Mensch

1/10/2002

727-345-7170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)