

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90394 043 ***150.00

DOCUMENT # K97397

1. Entity Name
SANTOS, DUTTON, LYNOTT & HENRY, P.A.

Principal Place of Business
ONE HARBOUR PLACE
777 SOUTH HARBOUR ISLAND BLVD STE 950
TAMPA FL 33602
US

Mailing Address
ONE HARBOUR PLACE
777 SOUTH HARBOUR ISLAND BLVD STE 950
TAMPA FL 33602
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1509 W. Swann Ave. Suite, Apt. #, etc. Suite 240 A		3. Mailing Address Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33606	Country USA	Zip	Country

4. FEI Number **59-2951967** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent SANTOS, F R ONE HARBOUR PLACE 777 S HARBOUR ISLAND BLVD SUITE 950 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 **F. Robert Santos** **4/02/02**
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, F R ONE HARBOUR PL, 777 S. HARBOUR ISLAND BLVD TAMPA FL 33602 <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	D DUTTON, SCOTT W ONE HARBOUR PL, 777 S. HARBOUR ISLAND BLVD TAMPA FL 33602 <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 like empowered.

SIGNATURE: **F. Robert Santos** **4/02/02** **813 225 1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)