

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90048 040 ***150.00

DOCUMENT # L37824

1. Entity Name

THE YERRID LAW FIRM, P.A.

Principal Place of Business

Mailing Address

% C. STEVEN YERRID
 101 E. KENNEDY BLVD., SUITE 2160
 TAMPA FL 33602

% C. STEVEN YERRID
 101 E. KENNEDY BLVD., SUITE 2160
 TAMPA FL 33602

2. Principal Place of Business

101 E. Kennedy Blvd

Suite, Apt. #, etc.
 Suite # 3910

City & State
 Tampa, FL

Zip
 33602

Country
 USA

3. Mailing Address

101 E. Kennedy Blvd

Suite, Apt. #, etc.
 Suite # 3910

City & State
 Tampa, FL

Zip
 33602

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2979794

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YERRID, C. STEVEN
 101 E. KENNEDY BLVD.
 SUITE 2160
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
 Yerrid, C. Steven
 Street Address (P.O. Box Number is Not Acceptable)
 101 E. Kennedy Blvd.
 Suite # 3910
 City Tampa FL Zip Code 33602

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

1/25/001

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

TITLE
 NAME D
 STREET ADDRESS YERRID, C. STEVEN
 CITY-ST-ZIP 5005 SAN GABLE COURT
 TAMPA FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

Date

Daytime Phone #

CR2E034 (10/00)