

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90204 045 ***150.00

0361388

DOCUMENT # L40053

1. Entity Name

PAULA CASON, P.A.

Principal Place of Business

6576 30 AVE N
 ST PETERSBURG FL 33710

Mailing Address

6576 30 AVE N
 ST PETERSBURG FL 33710

633606

2. Principal Place of Business

3507 30 AVE N

Suite, Apt. #, etc.

3. Mailing Address

3507 30 AVE N

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

33713

Country

PINELLAS

Zip

33713

Country

PINELLAS

4. FEI Number

59-3003472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASON, PAULA

6576 30 AVE N

ST PETERSBURG FL 33710

3507 30 AVE N
33713

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

TITLE **PSTD** ☐ Delete
 NAME **CASON, PAULA**
 STREET ADDRESS **6576 30 AVE N**
 CITY-ST-ZIP **ST PETERSBURG FL 33710**
3507 30 AVE N
33713

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Paula L. Cason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA L. CASON

Date

3/12/01

Daytime Phone #

(727) 342-2852

CR2E034 (10/00)