

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88175

1. Entity Name

CATANIA & CATANIA, PROFESSIONAL ASSOCIATION

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90006 030 ***150.00

Principal Place of Business

Mailing Address

BARNETT PLAZA
STE 2400
TAMPA FL 33602
US

BARNETT PLAZA
STE 2400
TAMPA FL 33602
US

040111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Bank of America Plaza

Bank of America Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101 E. Kennedy Blvd, Suite 2400

101 E. Kennedy Blvd, Suite 2400

City & State

City & State

Tampa, FL

Tampa, FL

4. FEI Number 59-3129566

Applied For

Not Applicable

Zip

Country

Zip

Country

33602

Hillsborough

33602

Hillsborough

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

CATANIA, PAUL B.
101 E. KENNEDY BLVD.
BARNETT PLAZA, STE 2400
TAMPA FL 33602

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CATANIA, PAUL B 101 E KENNEDY BLVD, STE 2400 TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CATANIA, PETER F. 101 E KENNEDY BLVD, STE 2400 TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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

Date

Daytime Phone #

CR2E034 (10/00)

4.10.01 813 222-8545