

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90034 042 ****50.00

DOCUMENT # L99000008513

1. Entity Name

FORIZS & DOGALI, P.L.

Principal Place of Business

**600 N. WESTSHORE BLVD.
 SUITE 502
 TAMPA FL 33609**

Mailing Address

**600 N. WESTSHORE BLVD.
 SUITE 502
 TAMPA FL 33609**

2. Principal Place of Business

**4301 Anchor Plaza Parkway
 Suite, Apt. #, etc.
 Suite 300**

3. Mailing Address

**4301 Anchor Plaza Parkway
 Suite, Apt. #, etc.
 Suite 300**

City & State

Tampa, FL

City & State

Tampa, FL 336

Zip

33634

Country

Hillsborough

Zip

33634

Country

Hillsborough

6. Name and Address of Current Registered Agent

**FORIZS, ZALA L
 600 NORTH WESTSHORE BLVD., SUITE 502
 TAMPA FL 33609**

4. FEI Number

59-3613276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **FORIZ, ZALA L**
 STREET ADDRESS **600 N. WESTSHORE BLVD., SUITE 502**
 CITY-ST-ZIP **TAMPA FL 33609-1132**

TITLE **MGRM** ☐ Delete
 NAME **DOGALI, A. ANDERSON B**
 STREET ADDRESS **600 N. WESTSHORE BLVD., SUITE 502**
 CITY-ST-ZIP **TAMPA FL 33609-1132**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/7/2

CR2E083 (9/01)