

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013948

1. Entity Name

MARK J. AUBIN, ESQ., P.A.

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90092 024 \*\*\*150.00

Principal Place of Business

4107 W. BARCELONA STREET  
TAMPA FL 33629

Mailing Address

4107 W. BARCELONA STREET  
TAMPA FL 33629

2. Principal Place of Business

3825 HENDERSON BLVD.

Suite, Apt. #, etc.

SUITE 605

City & State

TAMPA, FLORIDA

Zip

33629

Country

U.S.A.

3. Mailing Address

3825 HENDERSON BLVD.

Suite, Apt. #, etc.

SUITE 605

City & State

TAMPA, FLORIDA

Zip

33629

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3625569

Applied For

Not Applicable

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

AUBIN, MARK J

4107 W. BARCELONA STREET

TAMPA FL 33629

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

*Mark J. Aubin* MARK J. AUBIN

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 PD ☐ Delete

NAME AUBIN, MARK J  
STREET ADDRESS 4107 W. BARCELONA STREET  
CITY - ST - ZIP TAMPA FL 33629

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*Mark J. Aubin* MARK J. AUBIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/01

Daytime Phone #

(813) 282-6961

CR2034 (10/00)