

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2002 90028 021 ***150.00

DOCUMENT # P00000023091

1. Entity Name
SIMEONI & ASSOCIATES, P.A.

Principal Place of Business

33920 U.S. 19 N., SUITE 222
PALM HARBOR FL 34684

Mailing Address

33920 U.S. 19 N., SUITE 222
PALM HARBOR FL 34684

2. Principal Place of Business

146 8th Ave N.

Suite, Apt. #, etc.

3. Mailing Address

146 8th Ave N.

Suite, Apt. #, etc.

City & State

Safety Harbor

Zip

34695

Country

USA

City & State

Safety Harbor

Zip

34695

Country

USA

4. FEI Number

59-3639030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMEONI, SERBO C

33920 U.S. 19 N., SUITE 222

PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

146 8th Ave N

City

Safety Harbor

FL

Zip Code

34695

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

4/26/02

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, 2002 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 **D** ☐ Delete
NAME **SIMEONI, SERBO C**
STREET ADDRESS **33920 U.S. 19 N., SUITE 222**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
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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 **146 8th Ave N.**
CITY-ST-ZIP **Safety Harbor, FL 34695**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02

CR2E034 (9/01)