

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90148 001 ***150.00

DOCUMENT # P0000036416

1. Entity Name
GONZALEZ & WEED, ATTORNEYS AT LAW, P.A.

Principal Place of Business Mailing Address
304 S. WESTLAND AVE. **304 S. WESTLAND AVE.**
TAMPA FL 33606 **TAMPA FL 33606**

2. Principal Place of Business 3. Mailing Address
4505 N. ARMENIA AVE. **4505 N. ARMENIA AVE.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 102B **SUITE 102B**

City & State City & State
TAMPA, FL **TAMPA, FL**

Zip Country Zip Country
33603 **33603** **33603** **33603** **33603**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, JOSEPH A
3205 LEROY AVE.
TAMPA FL 33607

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GONZALEZ, JOSE C 304 S. WESTLAND AVE. TAMPA FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4505 N. ARMENIA AVE, SUITE 102B TAMPA, FL 33603
<input type="checkbox"/> Delete	D WEED, DIRK R 304 S. WESTLAND AVE. TAMPA FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4505 N. ARMENIA AVE, SUITE 102B TAMPA, FL 33603
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ **2/2/01** **813-414-6078**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

USA1210