

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90103 004 ***550.00

DOCUMENT # P00000066124

1. Entity Name
FREDERICK L. POLLACK, P.A.

Principal Place of Business

**412 EAST MADISON STREET
 SUITE 1111
 TAMPA FL 33602**

Mailing Address

**412 EAST MADISON STREET
 SUITE 1111
 TAMPA FL 33602**

2. Principal Place of Business

412 E MADISON ST

3. Mailing Address

412 E MADISON ST

Suite, Apt. #, etc.

SUITE 1120

Suite, Apt. #, etc.

SUITE 1120

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3657783

Applied For

Not Applicable

Zip
33602-4618

Country
USA

Zip
33602-4618

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**POLLACK, FREDERICK L
 412 EAST MADISON STREET
 SUITE 1111
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **FREDERICK L POLLACK**
 Street Address (P.O. Box Number is Not Acceptable)
**412 E MADISON ST
 SUITE 1120**
 City **TAMPA** FL Zip Code **33602**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10 SEP 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **POLLACK, FREDERICK L**
 STREET ADDRESS **412 EAST MADISON STREET, #1111**
 CITY-ST-ZIP **TAMPA FL 33602**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **SUITE 1120**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 SEP 02

813 228 0400

Date

Daytime Phone #

CR2E034 (4/02)