

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112922

1. Entity Name

KATHRYN J. CULBERTSON, P.A.

Principal Place of Business

Mailing Address

2511 HIGH OAKS LANE  
LUTZ FL 33549

2511 HIGH OAKS LANE  
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3685284

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

ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD SUITE A  
SEMINOLE FL 33777

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CULBERTSON, KATHRYN J  
2511 HIGH OAKS LANE  
LUTZ FL 33549

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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☐ Change

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NAME  
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CITY-ST-ZIP

☐ Change

☐ Addition

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 687, 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

Date

Daytime Phone #

Kathryn J. Culbertson

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90054 049 \*\*\*150.00

A0085518



DO NOT WRITE IN THIS SPACE

0013040

CR2E034 (10/00)

ATTACHMENT  
A085519

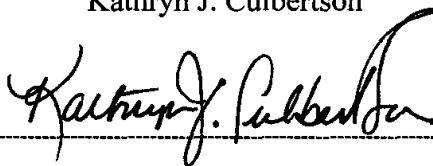
DATE 08-30-01

To Whom this may Concern at the Florida Department of State, Division of Corporations  
This is my first year filing and NEVER RECEIVED my UBR.,UNTIL IT WAS LATE. Please abate the  
\$400.00 additional fee and accept my original renewal filing fee of \$ 150 which I have enclosed. I had  
intended to file this in a timely fashion, but circumstances beyond my control prevented me from doing so.  
I have been going through a divorce and do not always receive all of my mail,please take this into  
consideration and Please know that this will never happen again !

P000000112922

Thanking you in advance,

Kathryn J. Culbertson

X 

8/31/01