

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90130 011 ***150.00

DOCUMENT # P00000113581

1. Entity Name

LANSING C. SCRIVEN, P.A.

Principal Place of Business

**633 N FRANKLIN STREET SUITE 600
TAMPA FL 33602**

Mailing Address

**633 N FRANKLIN STREET SUITE 600
TAMPA FL 33602**

2. Principal Place of Business

442 W. Kennedy Blvd.

3. Mailing Address

442 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 280

Suite, Apt. #, etc.

Suite 280

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

US

Zip

33606

Country

US

4. FEI Number

59-3688272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P

2909 BAY TO BAY BLVD, STE 309

TAMPA FL 33629

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, 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 **PD** ☐ Delete
NAME **SCRIVEN, LANSING C**
STREET ADDRESS **633 N FRANKLIN STREET SUITE 600**
CITY-ST-ZIP **TAMPA FL 33602**

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 **PD** ☒ Change ☐ Addition
NAME **Lansing C. Scriven** (address only)
STREET ADDRESS **442 W. Kennedy Blvd., Suite 280**
CITY-ST-ZIP **Tampa, FL 33606**

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

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

TITLE ☐ Change ☐ Addition
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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:

Lansing C. Scriven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

(813)254-8700

Daytime Phone #

CR2E034 (9/01)