

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90200 043 \*\*\*150.00

**DOCUMENT # P01000044606**

1. Entity Name  
**PAPA & GIPE, P.A.**



Principal Place of Business  
**622 BYPASS DRIVE, STE 100  
CLEARWATER FL 33764**

Mailing Address  
**622 BYPASS DRIVE, STE 100  
CLEARWATER FL 33764**

**30010000**



2. Principal Place of Business

**1724 Gulf To Bay Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address

**1724 Gulf to Bay Blvd.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Clearwater, FL**

City & State

**Clearwater, FL**

4. FEI Number **59-3717784**

Applied For

Not Applicable

Zip Country  
**33755 USA**

Zip Country  
**33755 USA**

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

6. Name and Address of Current Registered Agent

**PAPA, DAVID A ESQ  
622 BYPASS DRIVE, STE 100  
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **David A. Papa**  
Street Address (P.O. Box Number is Not Acceptable)  
**1724 Gulf to Bay Blvd.**  
City **Clearwater, FL** Zip Code **33755**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAPA, DAVID A ESQ</b>	
STREET ADDRESS	<b>622 BYPASS DRIVE, STE 100</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIPE, R. STANLEY ESQ</b>	
STREET ADDRESS	<b>622 BYPASS DRIVE, STE 100</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David A. Papa</b>	
STREET ADDRESS	<b>1724 Gulf To Bay Blvd</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33755</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>R. Stanley Gipe</b>	
STREET ADDRESS	<b>1724 Gulf to Bay Blvd.</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33755</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **R. Stanley Gipe** **Stanley Gipe** **1-22-03** **727-461-4357**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)