

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0098741 AV

DOCUMENT # P01000120795

1. Entity Name
BRYAN L. ALBERS, P.A.



FILED

03 JUL 16 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5111 66TH ST. N. SUITE 102
ST. PETERSBURG FL 33709

Mailing Address
5111 66TH ST. N. SUITE 102
ST. PETERSBURG FL 33709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0585724

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALBERS, BRYAN L
5111 66TH ST. N. SUITE 102
ST. PETERSBURG FL 33709

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

SIGNATURE

Bryan L. Albers

7/16/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ALBERS, BRYAN L
STREET ADDRESS 5111 66TH ST. N. SUITE 102
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600021648576
07/18/03--01079--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Bryan L. Albers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/20

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #P01000120795

Bryan L. Albers

ATTORNEY AT LAW

5111 Sixty-Sixth Street N., Suite 102
St. Petersburg, Florida 33709-3141

(727) 545-9334 • Facsimile (727) 545-9291 • Outside Pinellas County Toll Free (866) 545-9334

July 10, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: FEI 01-0585724

Dear Florida Department of State:

Attached please find check stub #3924 dated 03-28-03. As you can see, it was to your department. Apparently the check never reached you via regular mail. As such, if we were to pay the late fee, it would be considerably higher than the amount I sent in.

I would like there to be a waiver of the additional fee to my account as I sent in my payment on time, but it was lost in the mail.

Please let me know if I may be of further assistance.

Sincerely,



Bryan L. Albers

BLA: dlb