

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90258 025 ***150.00

DOCUMENT # P02000098930

1. Entity Name
AMADOR & TAGER P.A.



Principal Place of Business
**220 E MDAISON ST STE 1020
TAMPA FL 33602**

Mailing Address
**220 E MDAISON ST STE 1020
TAMPA FL 33602**

11012926



2. Principal Place of Business
2203 N Lois Ave
Suite, Apt. #, etc.
925

3. Mailing Address
2203 N. Lois Ave
Suite, Apt. #, etc.
925

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
33-1023309

Applic For
Not Applicable

Zip
33607

Country

Zip
33607

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AMADOR, PEDRO
220 E MDAISON ST STE 1020
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
2203 N. Lois Ave Suite 925
City **Tampa** FL Zip Code **33607**

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 **Pedro L. Amador, Jr Vice President** 4/22/03
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P TAGER, ROBERT 220 E MDAISON ST STE 1020 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMADOR, PEDRO 220 E MDAISON ST STE 1020 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2203 N. Lois Ave Ste 925 Tampa FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2203 N Lois Ave Ste 925 Tampa FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Pedro L. Amador Jr** 4/22/03 813-250-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #

CR2E034 (10/02)