

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P92000000887**

1. Entity Name  
**FORLIZZO & NEAL, P.A.**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
05-08-2000 90208 001 \*\*\*150.00

Principal Place of Business <b>13577 FEATHER SOUND DR SUITE 300 CLEARWATER FL 34622-5547</b>	Mailing Address <b>13577 FEATHER SOUND DR SUITE 300 CLEARWATER FL 33762-5547 US</b>
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2. Principal Place of Business <b>2903 Rigsby Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>2903 Rigsby Lane</b> Suite, Apt. #, etc.	
City & State <b>Safety Harbor, FL</b>		City & State <b>Safety Harbor, FL</b>	
Zip <b>34695</b>	Country <b>U.S.</b>	Zip <b>34695</b>	Country <b>U.S.</b>

4. FEI Number <b>59-3147557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**FORLIZZO, ROBERT A  
13577 FEATHER SOUND DR  
STE 300  
CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable) <b>2903 Rigsby Lane</b>	
City <b>Safety Harbor</b>	Zip Code <b>FL 34695</b>

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 **Robert A. Forlizzo** DATE **4/6/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PTD</b>	<input type="checkbox"/> Delete	TITLE <b>PTSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FORLIZZO, ROBERT A</b>		NAME	
STREET ADDRESS <b>13577 FEATHER SOUND DR STE 300</b>		STREET ADDRESS <b>2903 Rigsby Lane</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33762</b>		CITY-ST-ZIP <b>Safety Harbor, FL 34695</b>	
TITLE <b>VPSD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEAL, A. R.</b>		NAME	
STREET ADDRESS <b>13577 FEATHER SOUND DR STE 300</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 33762</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Robert A. Forlizzo** Date **April 4, 2000** Daytime Phone # **727-669-0550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

CR2E034 (9/99)