

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000887

1. Entity Name

FORLIZZO & NEAL, P.A.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90012 009 ***150.00

Principal Place of Business

2903 RIGBY LANE
SAFETY HARBOR FL 34695
US

Mailing Address

2903 RIGBY LANE
SUITE 300
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

2903 Rigsby Lane
Suite, Apt. #, etc.

3. Mailing Address

2903 Rigsby Lane
Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

59-3147557

Applied For

Not Applicable

Zip

34695

Country

U.S.

Zip

34695

Country

U.S.

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

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A
2903 RIGSBY LANE
SAFETY HARBOR FL 34695

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, 2001 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	PTSD	<input type="checkbox"/> Delete
NAME	FORLIZZO, ROBERT A	
STREET ADDRESS	2903 RIGSBY LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	NEAL, A. R.	
STREET ADDRESS	13577 FEATHER SOUND DR STE 300	
CITY-ST-ZIP	CLEARWATER FL 33762	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. FORLIZZO

Date

Daytime Phone #

4/3/01 (727) 669-0550

CR2E034 (10/00)