

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000004703**1. Entity Name
ELLIOTT S. GASSNER, P.A.Principal Place of Business
2110 4TH ST N
ST. PETERSBURG FL 33704 USMailing Address
2110 4TH ST N
ST. PETERSBURG FL 33704 US2. Principal Place of Business
9400 - 4TH STREET NO3. Mailing Address
P.O. BOX 328Suite, Apt. #, etc.
SUITE 120

Suite, Apt. #, etc.

City & State
ST. PETERSBURG FLCity & State
ST. PETERSBURG FLZip Country
33702 USZip Country
33731 US4. FEI Number
59-3157096Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGASSNER ELLIOTT S
2110 4TH STR NO
ST. PETERSBURG FL 33704 US**7. Name and Address of New Registered Agent**Name
GASSNER ELLIOTT S
Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 328
City ST. PETERSBURG FL Zip Code 33731

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 _____ 01/15/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

| TITLE | P | <input type="checkbox"/> Delete |
|----------------|-------------------------|---------------------------------|
| NAME | GASSNER ELLIOTT S. | |
| STREET ADDRESS | 2274 COFFEE POT BLVD ND | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| 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 | P | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|-------------------------|--|-----------------------------------|
| NAME | GASSNER ELLIOTT S. | | |
| STREET ADDRESS | 2274 COFFEE POT BLVD ND | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33704 | | |
| 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 | | | |

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: ELLIOTT S. GASSNER

P

01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)