

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034409

1. Entity Name

HANKS AND FROST, P.A.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90087 035 ***150.00

Principal Place of Business

Mailing Address

~~7901 4TH ST NORTH~~

~~7901 4TH ST NORTH~~

~~315~~
ST PETERSBURG FL 33702
US

~~315~~
ST PETERSBURG FL 33702-4313
US

2. Principal Place of Business

3. Mailing Address

8601 4th St North

8601 4th St North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303

303

City & State

City & State

St. Petersburg FL

St. Petersburg

Zip

Country

Zip

Country

33702

Pinellas

33702

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANKS, MARK

7901 4TH STREET NORTH, SUITE 315
ST PETERSBURG FL 33702

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-3180122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FROST, THOMAS**
STREET ADDRESS **7901 4TH STREET NORTH, SUITE 315**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8601 4th Street North Suite 303**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **HANKS, MARK**
STREET ADDRESS **7901 4TH STREET NORTH, SUITE 315**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8601 4th Street North Suite 303**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

Thomas Frost 4/16/00 727-578-8529