

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90034 005 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000049870**1. Entity Name**
HAAS AND CASTILLO, P.A.**Principal Place of Business**19321-C US HWY 19 N
SUITE 401
CLEARWATER FL 34624
US**Mailing Address**19321-C US HWY 19 N
SUITE 401
CLEARWATER FL 34624
US**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number** 59-3192211

Applied For

Not Applicable

Zip 33764 **Country****Zip** 33764 **Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**CASTILLO, MARCUS A
19321-C US HWY 19 N
SUITE 401
CLWARWATER FL 34624**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

33764

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** D ☐ Delete
NAME CASTILLO, MARCUS A
STREET ADDRESS 19321-C US HWY 19 N, SUITE 410
CITY-ST-ZIP CLEARWATER FL**TITLE** D ☐ Delete
NAME HAAS, LEE L
STREET ADDRESS 19321-C US HWY 19 N, SUITE 401
CITY-ST-ZIP CLEARWATER FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☒ Addition
NAME Suite 401
STREET ADDRESS Zip: 33764
CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
NAME Zip: 33764
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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

1/4/01
Date(727) 535-4544
Daytime Phone #

CR2E034 (10/00)