2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90068 038 ***150.00

DOCUMENT # P93000064580

1. Entity Name
NUA, P.A.

Principal Place of Business	Mailing Address
233 3RD STREET NORTH ST. PETERSBURG FL 33701 US	233 3RD STREET NORTH ST. PETERSBURG FL 33701 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2726 64th Street North
Suite, Apt. #, etc.	Suite, Apt. #, etc. St Pete, FL
City & State	City & State
Zip / Country	Zip 33710 / Country USA

4. FEI Number 65-0445715 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRAYNOR, D P 233 3RD STREET NORTH ST. PETERSBURG FL 33701	Name: TRAYNOR D P Street Address (P.O. Box Number is Not Acceptable): 2800 65th Way North St Pete, FL 33710 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TRAYNOR, ANTHONY M		NAME		
STREET ADDRESS	233 3RD STREET NORTH 2726 64th Street North		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL St Pete, FL 33710		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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] 12/31/00 (727) 365-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #