

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0448303 AV

DOCUMENT # P93000064580

1. Entity Name

NUA, P.A.

02-19-2002 90112 040 ***150.00

Principal Place of Business

**233 3RD STREET NORTH
 ST. PETERSBURG FL 33701
 US**

Mailing Address

**2726 64TH ST. NORTH
 SAINT PETERSBURG FL 33710
 US**



2. Principal Place of Business

2726 64th Street North

3. Mailing Address

SAINT PETERSBURG, FL

Suite, Apt. #, etc.

SAINT PETERSBURG, FL

Suite, Apt. #, etc.

SAINT PETERSBURG, FL

City & State

SAINT PETERSBURG, FL

City & State

SAINT PETERSBURG, FL

Zip

33710

Country

USA

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

**TRAYNOR, D P
 2800 65TH WAY NORTH
 SAINT PETERSBURG FL 33710**

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, 2002 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 **DP** ☐ Delete
 NAME **TRAYNOR, ANTHONY M**
 STREET ADDRESS **2726 64TH ST. NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02
 Date

**727
 365-0844**
 Daytime Phone #

CR2E034 (9/01)