

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066485

1. Entity Name
WILLIAM G. TRUMBULL, P.A.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90014 029 ***150.00

Principal Place of Business

501 E. KENNEDY BLVD.
1210
TAMPA FL 33602
US

Mailing Address

501 E. KENNEDY BLVD.
1210
TAMPA FL 33602
US

(2) Principal Place of Business

412 E. MADISON STREET

Suite, Apt. #, etc.

903

City & State

TAMPA, FL

Zip

33602

Country

(3) Mailing Address

412 E. MADISON STREET

Suite, Apt. #, etc.

SUITE 903

City & State

TAMPA, FL 33602

Zip

33602

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3205717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DI GIOIA, FRANK
4244 CENTRAL AVE
ST 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, 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 ☐ Delete
NAME TRUMBULL, WILLIAM G
STREET ADDRESS 412 E MADISON ST, STE 903
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
STREET ADDRESS
CITY-ST-ZIP

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

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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: William G. Trumbull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01
Date

813-221-8009
Daytime Phone #

CR2E034 (10/00)