

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90037 030 ***150.00

DOCUMENT # P93000082388

1. Entity Name

G.T. NUNEZ & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**713 JONES AVE.
HAINES CITY FL 33844****713 JONES AVE.
HAINES CITY FL 33844-4341****907021**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

900 Ingraham Ave
Suite, Apt. #, etc.**900 Ingraham Ave**
Suite, Apt. #, etc.

City & State

City & State

Haines City, FL**Haines City, FL**Zip
33844-4396Country
FLZip
33844-4396Country
FL

4. FEI Number

59-3210391

Applied For

Not Applied For

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

**NUNEZ, G.T. II
900 INGRAHAM AVE
HAINES CITY FL 33844**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD	<input type="checkbox"/> Delete
NAME	NUNEZ, G.T. II	
STREET ADDRESS	900 INGRAHAM AVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NUNUZ, ANDREA M	
STREET ADDRESS	900 INGRAHAM AVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLINE, GLENN T	
STREET ADDRESS	900 INGRAHAM AVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/12/00

Date

863-422-4861

Daytime Phone #