2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000022610**

KENNETH W. TRUSSELL, D.C., P.A.

1		PLL			٠. ١	Juu
113	W.	RO	BE	RTS	ON	ST.
BRA	ND	ON	FL	33	511	

Mailing Address

113 W. ROBERT BRANDON FL 3 US			113 W. ROBERTSON ST BRANDON FL 33511-5111 US								
2. Principal Place of Business			3. Mailing Address Suite, Apt. #, etc.			_					
Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE									
City & State		City & State			4. F	FEI Number 59-3240278 Applied Fo					
Zip		Country	Zip	Count	ry	5. C	Certificate of Status Desired		8.75 Add ee Required		
	6. Name	and Address of Current F	legistered Agent	<u> </u>		7. N	lame and Address of New Reg	istered Aç	ent		
					Name		-	-			
113 \	SSELL, KENI W. ROBERT	son St			Street Addre	ess (P.O. Bo	ox Number is Not Acceptable)				
BRANDON FL 33511					City FL Zip Code						
	4 - 13				-l -lii	internal one	ant or both in the State of Floris		<u> </u>		
SIGNATURE .		or punited name of registered agent ar			Agent signature re		ent, or both, in the State of Florio	DATE			
	Signature, typeu t	or printed flame of tegistered agent as				40.00					
 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 \$550.0 Make Check Payable to Department of \$			Election Campaign Finar Trust Fund Contribution.	icing		May Be to Fees			
11.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND [DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		., Kenneth W Dbertson St.	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				V		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i ika		☐ Delete						☐ Change	☐ Addition	
TITLE			☐ Delete	TITLE	,				Change	☐ Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 685 4272

Apr 17, 2000 8:00 am Secretary of State 04-17-2000 90101 020 ***150.00