## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P94000028562** LAW OFFICES OF ATHANASON & ATHANASON, P.A. 01-18-2000 90103 019 \*\*\*150.00 Mailing Address Principal Place of Business 1250 66TH STREET NORTH 1230 66TH STREET NORTH ST. PETERSBURG FL 33710-6226 ST. PETERSBURG FL 33710 600932 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3244274 Not Assiliated \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ATHANASON, NICHOLAS M. 1230-66TH STREET NORTH ST. PETERSBURG FL 33710 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SAML ☐ Addition TITI F TITLE Delete ATHANASON, NICHOLAS M NAME NAME 1280 66TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ATHANASON, MILLICENT B NAME STREET ADDRESS 1230 66TH STREET NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Addition TITLE ☐ Delete TITLE NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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