

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028824

1. Entity Name

SEELEY & KARATINOS, P.A.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90060 006 \*\*\*150.00

Principal Place of Business

Mailing Address

562 1ST AVE. N.  
ST. PETERSBURG FL 33701

562 1ST AVE. N.  
ST. PETERSBURG FL 33711-1238

2. Principal Place of Business

3. Mailing Address

3924 Central Avenue

3924 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

St. Petersburg, Florida

St. Petersburg, Florida

Zip

Country

33711

Pinellas

Zip

Country

33711

Pinellas

4. FEI Number

59-3239415

Applied For

Not Applicable

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

SEELEY, GREGORY B  
23 SIXTH ST. NORTH  
ST. PETERSBURG FL 33701

Name

Gregory B. Seeley

Street Address (P.O. Box Number is Not Acceptable)

3924 Central Avenue

City

St. Petersburg,

FL

Zip 33711

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 State**

10. 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	P	<input type="checkbox"/> Delete
NAME	SEELEY, GREGORY B.	
STREET ADDRESS	23 - 6TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KARATINOS, TED E.	
STREET ADDRESS	23 - 6TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELEY, GREGORY B.	
STREET ADDRESS	3924 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARATINOS, TED E.	
STREET ADDRESS	3924 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

CR2E034 (9/99)