

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043210

1. Entity Name

MICHAEL MOSCA, P.A.

Principal Place of Business

100 WALLACE AVE.
SUITE 240
SARASOTA FL 34237

Mailing Address

100 WALLACE AVE.
SUITE 240
SARASOTA FL 34237-6043

2. Principal Place of Business

100 Wallace Ave.
Suite, Apt. #, etc.
380

3. Mailing Address

100 Wallace Avenue
Suite 380

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34237

Country

U.S.A.

Zip

34237

Country

U.S.A.

6. Name and Address of Current Registered Agent

MOSCA, MICHAEL
100 WALLACE AVE.
SUITE 240
SARASOTA FL 34237

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MOSCA, MICHAEL
100 WALLACE AVE., SUITE 240
SARASOTA FL 34237

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/00 (941) 951-1951

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90015 030 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0504131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)