## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P94000052085** May 09, 2000 8:00 am 1. Entity Name BRONSTEIN, CARLSON, GLEIM & SMITH, P.A. Secretary of State 05-09-2000 90003 008 \*\*\*150.00 Principal Place of Business Mailing Address 150 2ND AVE N 150 2ND AVE N STE 1100 STE 1100 ST PETERSBURG FL 33701-3342 ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3256800 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRONSTEIN, JOEL D Street Address (P.O. Box Number is Not Acceptable) 150 2ND AVE N STE 1100 ST PETERSBURG FL 33701 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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. П 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 12. 11. Addition Change ☐ Delete TITLE CARLSON, SUSAN W NAME STREET ADDRESS STREET ADDRESS 1301 PASS A GRILLE WAY CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL Addition ☐ Change TITLE ☐ Delete TITLE GLEIM, HOLGER D NAME NAME STREET ADDRESS STREET ADDRESS 870 SAND PINE DR NE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Change Addition ☐ Delete TITLE NAME SMITH, THOMAS B NAME STREET ADDRESS STREET ADDRESS 815 JENNINGS AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BRONSTEIN, JOEL D NAME 1303 PASS A GRILLE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 argument with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IDEL D. BRONSTEIN