

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070825

1. Entity Name

KRISTINE MARQUEZ GRANT, P.A.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90066 018 ***150.00

Principal Place of Business

1128 42ND AVE NE
STE 303
ST PETERSBURG FL 33703
US

Mailing Address

1128 42ND AVE NE
STE 303
ST PETERSBURG FL 33703-5238
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 55337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St. Petersburg FL

4. FEI Number 59-3283142

Applied For

Not Applicable

Zip

Country

Zip 33732 Country USA

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

GRANT, KRISTINE M
1128 42ND AVE NE
ST. PETERSBURG FL 33703

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GRANT, KRISTINE M
STREET ADDRESS 1128 42ND AVE NE
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 #

4-5-00 727-025-5441

CR2E034 (9/99)