

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087881

1. Entity Name

PARIS & ASSOCIATES, PROFESSIONAL ASSOCIATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90464 007 ***150.00

Principal Place of Business	Mailing Address
15310 AMBERLY DR 300 TAMPA FL 33647 US	15310 AMBERLY DR 300 TAMPA FL 33647-2146 US

2. Principal Place of Business	3. Mailing Address
100 Tampa Oaks Blvd. Suite 145 Tampa FL	33719 Sickler Dr. Suite, Apt. #, etc.

City & State	City & State
Tampa FL	Deale City FL
Zip	Zip
33637	33523
Country	Country
USA	USA

4. FEI Number	Applied For
65-0540192	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
PARIS, DEBORAH M. 15310 AMBERLY DR TAMPA FL 33602
100 Tampa Oaks Blvd Ste. 145 Tampa, FL 33637

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPS	TITLE	
NAME	PARIS, DEBORAH M	NAME	
STREET ADDRESS	15310 AMBERLY DR, 300	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE: Deborah M. Paris DEBORAH M. PARIS President 4/27/00 813/975-1511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #