

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035081

1. Entity Name

DEEB & LAMONT, P.A.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90030 044 ***150.00

Principal Place of Business

Mailing Address

30750 US 19 N
PALM HARBOR FL 34684

PO BOX 6026
CLEARWATER FL 33758-6026

2. Principal Place of Business

5999 Central Avenue

3. Mailing Address

5999 Central Avenue

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3313525

Applied For

Not Applicable

Zip
33710

Country
USA

Zip
33710

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

D & B CORPORATE SERVICES, INC.
30750 US HWY 19 N
PALM HARBOR FL 34684

Name

D & B Corporate Services, Inc.

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

5999 Central Avenue

Suite 202

City

St. Petersburg

FL

Zip Code
33710

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DEEB, BRIAN P
PO BOX 6026
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
Deeb, Brian P.
5999 Central Avenue, Suite 202
St. Petersburg, FL 33710 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ 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

Brian P. Deeb, PSD, 2/9/00

Date

(727) 384-5999

CR2E034 (9/99)