

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051107

1. Entity Name

RILEY & ASSOCIATES, P.A.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90092 017 ***150.00

Principal Place of Business

Mailing Address

3333 W. HENDERSON BLVD. #150
TAMPA FL 33609

3333 W. HENDERSON BLVD. #150
TAMPA FL 33609-2984

2. Principal Place of Business

3. Mailing Address

4805 W. LAUREL ST.

4805 W. LAUREL ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

230

230

City & State
Tampa Florida

City & State
Tampa Florida

Zip
33607

Country
USA

Zip
33607

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3322419

Applied For
Not Applicable

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

RILEY, STEVEN P ESQ.
3333 W. HENDERSON BLVD. #150
TAMPA FL 33609

Name Steven P. Riley
RILEY & ASSOCIATES, P.A.

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

ATTORNEYS AT LAW

4805 W. LAUREL ST. SUITE 230

City TAMPA, FLORIDA 33607 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 Steven P. Riley

2/1/2000

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 D ☐ Delete
NAME RILEY, STEVEN P ESQ.
STREET ADDRESS 3333 W. HENDERSON BLVD. #150
CITY-ST-ZIP TAMPA FL 33609

TITLE Steven P. Riley ☒ Change ☐ Addition
NAME RILEY & ASSOCIATES, P.A.
STREET ADDRESS 4805 W. LAUREL ST. SUITE 230
CITY-ST-ZIP TAMPA Florida 33607

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:

Steven P. Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)