

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90225 043 \*\*\*150.00

0419088 AV

**DOCUMENT # P95000082479**

1. Entity Name  
**GOUZE & ASSOCIATES, P.A.**

Principal Place of Business

**700 DOCKVIEW WAY  
 SUITE 1424  
 TAMPA FL 33602  
 US**

Mailing Address

**700 DOCKVIEW WAY  
 SUITE 1424  
 TAMPA FL 33602  
 US**

2. Principal Place of Business

**345 BAYSHORE Blvd**

3. Mailing Address

**345 Bayshore Blvd**

Suite, Apt. #, etc.

**#1208**

Suite, Apt. #, etc.

**#1208**

City & State

**TAMPA FL**

City & State

**TAMPA FL**

4. FEI Number

**59-3351640**

Applied For

Not Applicable

Zip

**33606**

Country

**Hillsborough**

Zip

**33606**

Country

**Hillsborough**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOUZE, CATHERINE E**

**200 CENTRAL AVE. 345 BAYSHORE Blvd**

**SUITE 2210**

**ST PETERSBURG FL 33701**

**#1208**

**TAMPA FL 33606**

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

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

**4-15-02**

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, 2002 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

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **GOUZE, CATHERINE E**  
 CITY-ST-ZIP **200 CENTRAL AVE, 2210**  
**ST. PETERSBURG FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **345 BAYSHORE BLVD #1208**  
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/02 813.864.8158**

CR2E034 (9/01)