## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P96000004124** THOMAS W. CAREY AND ASSOCIATES, P.A. CAREY + HilberT, P.A. 04-25-2000 90100 036 \*\*\*150.00 Principal Place of Business Mailing Address 622 BYPASS DR. 622 BYPASS DR. SHITE 100 SUITE 100 CLEARWATER FL 34624 CLEARWATER FL 33764-5024 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant. #. etc. City & State 4. FEI Number Applied For City & State 59-3361058 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAREY, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 622 BYPASS DR. SUITE 100 **CLEARWATER FL 34624** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** Change ☐ Addition ☐ Delete TITLE TITLE CAREY, THOMAS W NAME NAME STREET ADDRESS 622 BYPASS DR., STE. 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34624** Hilbert, James 622 Bypass DR. STE 100 Clearwater, FL. 34624 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **VPO** ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 松大海绵 流 人名马克 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE J. 34 148 3 NAME NAME 1 . 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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. SIGNALL SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #