

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014560

1. Entity Name

LEHEUP & ASSOCIATES, P.A.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90021 050 ***150.00

Principal Place of Business

Mailing Address

~~4801 E. BUSCH BLVD.~~
 SUITE B
 TAMPA FL 33617
 US

~~4801 E. BUSCH BLVD.~~
 STE. B
 TAMPA FL 33617-5512
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

234 Bullard Pkwy.

234 Bullard Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Temple Terrace, FL

Temple Terrace, FL

Zip

Country

Zip

Country

33617

US

33617

US

4. FEI Number

59-3363918

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

LEHEUP, JEFFREY A
~~4801 E. BUSCH BLVD.~~
 STE. B
 TAMPA FL 33617

Same agent
 New address only →

Name

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

234 Bullard Pkwy.

Suite B

City

Temple Terrace FL

Zip Code

33617

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 ☐ Delete
 NAME D
 STREET ADDRESS LEHEUP, JEFFREY A
 CITY-ST-ZIP ~~4801 E. BUSCH BLVD., STE. B~~
 TAMPA FL 33617

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 234 Bullard Pkwy, Suite B
 CITY-ST-ZIP Temple Terrace, FL 33617

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 (813) 983-9024

CR2E034 (9/99)