

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032018

1. Entity Name

LAW OFFICES OF HOWARD STITZEL, P.A.

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

02-22-2000 90007 043 ***150.00

Principal Place of Business

Mailing Address

710 E. REYNOLDS STREET
SUITE A
PLANT CITY FL 33566
US

710 E. REYNOLDS STREET
SUITE A
PLANT CITY FL 33566-3458
US

2. Principal Place of Business

206 N. Collins St.

3. Mailing Address

206 N. Collins St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City FL.

City & State

Plant City FL.

Zip

33566

Country

USA

Zip

33566

Country

USA

4. FEI Number

59-3371799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STITZEL, D HOWARD III
710 E. REYNOLDS STREET
SUITE A
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

N/A

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

N/A

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

TITLE D ☒ Delete
NAME PIPPIER, RICHARD G
STREET ADDRESS 14044 SHADY SHORES DRIVE
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Delete
NAME STITZEL, D HOWARD III
STREET ADDRESS 2710 LAUREL OAK DRIVE
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Howard Stitzel III pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00
Date

(813) 259-1222
Daytime Phone #