

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036359

1. Entity Name  
THE ROMEIS GROUP, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90058 029 \*\*\*150.00

Principal Place of Business

~~200 CENTRAL AVENUE~~  
~~SUITE #2210~~  
ST. PETERSBURG FL 33701  
US

Mailing Address

~~200 CENTRAL AVENUE~~  
~~SUITE #2210~~  
ST. PETERSBURG FL 33701  
US

904272



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 2nd Avenue South

3. Mailing Address

100 2nd Avenue South

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

Zip

33701

Country

Pinellas

4. FEI Number 59-3389915

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMEIS, RICHARD J MD  
~~200 CENTRAL AVENUE~~  
~~SUITE #2210~~  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name Richard J. Romeis, MD

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

100 2nd Avenue South, Suite 101

City St. Petersburg, FL

Zip Code 33701

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	ROMEIS, RICHARD J M.D.	
STREET ADDRESS	200 CENTRAL AVE STE 2210	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> Delete
NAME	REINECKE, MARK E MD	
STREET ADDRESS	200 CENTRAL AVENUE STE 2210	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROMEIS, ERYN E	
STREET ADDRESS	200 CENTRAL AVENUE STE 2210	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100 2nd Avenue South, Suite 101
CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100 2nd Avenue South, Suite 101
CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100 2nd Avenue South, Suite 101
CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Eryn Romeis Eryn Romeis 1/26/01 727-895-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)