

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90005 039 \*\*\*150.00

**DOCUMENT # P96000043009**

1. Entity Name  
**POE & ASSOCIATES, INC.**

Principal Place of Business

**511 W BAY STREET  
 SUITE 400  
 TAMPA FL 33606**

Mailing Address

**511 W BAY STREET  
 SUITE 400  
 TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3404823**

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

**LUNSKIS, MARILYN P  
 74 COLUMBIA DR  
 TAMPA FL 33606**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | CPD                    | <input type="checkbox"/> Delete |
| NAME           | POE, WILLIAM JR.       |                                 |
| STREET ADDRESS | 206 LOCUST DR.         |                                 |
| CITY-ST-ZIP    | BRANDON FL 33511       |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | POE, WILLIAM SR.       |                                 |
| STREET ADDRESS | 511 BAY ST STE 400     |                                 |
| CITY-ST-ZIP    | TAMPA FL 33606         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | POE, CHARLES E         |                                 |
| STREET ADDRESS | 511 BAY ST STE 400     |                                 |
| CITY-ST-ZIP    | TAMPA FL 33606         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | LUNSKIS, MARILYN P     |                                 |
| STREET ADDRESS | 74 COLUMBIA DR.        |                                 |
| CITY-ST-ZIP    | TAMPA FL 33606         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | MITCHELL, JANICE P.    |                                 |
| STREET ADDRESS | 119 HICKORY CREEK BLVD |                                 |
| CITY-ST-ZIP    | BRANDON FL 33511       |                                 |
| TITLE          | CFO/S                  | <input type="checkbox"/> Delete |
| NAME           | MEDER, JAN JACOB       |                                 |
| STREET ADDRESS | 511 BAY ST STE 400     |                                 |
| CITY-ST-ZIP    | TAMPA FL 33606         |                                 |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | CPD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | POE, JR., WILLIAM F.  |  |
| STREET ADDRESS | 511 BAY ST., STE. 400 |  |
| CITY-ST-ZIP    | TAMPA, FL 33606       |  |
| TITLE          | EVP/D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WURDEMAN, JAMES E.    |  |
| STREET ADDRESS | 511 BAY ST., STE. 400 |  |
| CITY-ST-ZIP    | TAMPA, FL 33606       |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SMITH, KEREN P.       |  |
| STREET ADDRESS | 525 SUWANEE CIRCLE    |  |
| CITY-ST-ZIP    | TAMPA, FL 33606       |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LUNSKIS, MARILYN P.   |  |
| STREET ADDRESS | 74 COLUMBIA DR.       |  |
| CITY-ST-ZIP    | TAMPA, FL 33606       |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MITCHELL, JANICE P.   |  |
| STREET ADDRESS | 511 BAY ST., STE. 400 |  |
| CITY-ST-ZIP    | TAMPA, FL 33606       |  |
| TITLE          | CFO/S/T               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MEDER, JAN JACOB      |  |
| STREET ADDRESS | 511 BAY ST., STE. 400 |  |
| CITY-ST-ZIP    | TAMPA, FL 33606       |  |

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: \_\_\_\_\_

JAN JACOB MEDER

4/24/01

813-2594000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)