

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90023 041 ***150.00

DOCUMENT # P96000047532

1. Entity Name
PAUL J. MARINO, P.A.

Principal Place of Business

696 FIRST AVE. NORTH
SUITE 304
ST. PETERSBURG FL 33701

Mailing Address

696 FIRST AVE. NORTH
SUITE 304
ST. PETERSBURG FL 33701

2. Principal Place of Business

2143 5th Ave, N
Suite, Apt. #, etc.

3. Mailing Address

2143 5th Ave N
Suite, Apt. #, etc.

City & State
St. Petersburg FL

Zip Country
33713 Pinellas

City & State
St. Petersburg FL

Zip Country
33713 Pinellas

4. FEI Number 59-3388297

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

MARINO, PAUL J
696 FIRST AVE. NORTH
SUITE 304
ST. PETERSBURG FL 33701

Name

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

660 Island Way
Unit 602

City

FL

Zip Code
33767

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 *Paul J. Marino*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/01

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 ☐ Delete
NAME MARINO, PAUL J
STREET ADDRESS 696 1ST AVE N STE 304
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 660 Island Way # 602
CITY-ST-ZIP Clearwater FL 33767

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

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

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

TITLE ☐ Change ☐ Addition
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

3/15/01, 727-462-0160

Date

Daytime Phone #

CR2E034 (10/00)