

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071044

1. Entity Name

JIM SINISI & ASSOCIATES, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90045 043 ***150.00

Principal Place of Business

28870 US 19 NORTH
SUITE 300
CLEARWATER FL 34621

Mailing Address

28870 US 19 NORTH
SUITE 300
CLEARWATER FL 34621

2. Principal Place of Business

2435 US Hwy 19

Suite, Apt. #, etc.

Suite 430

City & State

Holiday FL

Zip

34691

Country

Pasco

3. Mailing Address

2435 US Hwy 19

Suite, Apt. #, etc.

Suite 430

City & State

Holiday FL

Zip

34691

Country

Pasco



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3402731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINISI, JIM
28870 US 19 NORTH
SUITE 300
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name

JIM SINISI

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

2435 US Hwy 19

Suite 430

City

Holiday

FL

Zip Code

34691

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	D	<input checked="" type="checkbox"/> Delete
NAME	SINISI, JIM	
STREET ADDRESS	28870 US 19 NORTH SUITE 300	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM SINISI	
STREET ADDRESS	2435 US Hwy 19 Suite 430	
CITY-ST-ZIP	Holiday FL 34691	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM SINISI

3/12/01

Date

727-944-2227

Daytime Phone #

CR2E034 (10/00)