## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trusted changed, or on an attachment with a

SIGNATURE:

## FILED Mar 21, 2000 8:00 am DOCUMENT # P96000081352 1. Entity Name Secretary of State SCOTT SIEGEL P.A., INC. 03-21-2000 90003 039 \*\*\*150.00 Principal Place of Business Mailing Address 3030 CINNAMON BLVD. 3030 CINNAMON BLVD. PALM HARBOR FL 34684-1707 PALM HARBOR FL 34684 627112 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3401765 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIEGEL, SCOTT Street Address (P.O. Box Number is Not Acceptable) 3030 CINNAMON BLVD. PALM HARBOR FL 34684 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete SIEGEL, SCOTT NAME 3030 CINNAMON BLVD. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete ☐ Change Addition TITLE SIEGEL, ELAINE NAME NAME 3030 CINNAMON BLVD. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP ☐ Change - - ☐ Addition -TITLE ☐ Dêletê TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provides 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplies indicated on this report or supplemental re

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