

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90097 030 ***150.00

DOCUMENT # P96000091903

1. Entity Name

THE LAW OFFICES OF KIRK D. EICHOLTZ, P.A.

Principal Place of Business

**3001 N. ROCKY POINT DRIVE EAST
 SUITE 200
 TAMPA FL 33607**

Mailing Address

**3001 N. ROCKY POINT DRIVE EAST
 SUITE 200
 TAMPA FL 33607**

2. Principal Place of Business

2202 North West Shore Blvd.

3. Mailing Address

2202 North West Shore Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tampa FL

City & State

Tampa, Florida

Zip

33607

Country

Hillsborough

Zip

33607

Country

Hillsborough

4. FEI Number

59-3438809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EICHOLTZ, KIRK D
 3001 N. ROCKY POINT DRIVE EAST
 SUITE 200
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name
Eicholtz, Kirk D.
 Street Address (P.O. Box Number is Not Acceptable)
2202 N. West Shore Blvd.
Suite 200
 City **Tampa** State **Florida** Zip Code **33607**

8. The above named entity submits this statement for the purpose of changing its registered office of 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)

2-8-02

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, 2002 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 **D EICHOLTZ, KIRK D**
 STREET ADDRESS **3001 N. ROCKY POINT DR. EAST SUITE 200**
 CITY-ST-ZIP **TAMPA FL 33607**

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 **D Eicholtz, Kirk D.**
 STREET ADDRESS **2202 N. West Shore Blvd., Suite 200**
 CITY-ST-ZIP **Tampa FL 33607**

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

Date

Daytime Phone #

2-8-02

813-2639-7583

CR2E034 (9/01)