

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098896

1. Entity Name
THE LAW OFFICE OF DENNIS J. PLEWS, P.A.

Principal Place of Business

1111 9TH AVENUE WEST
SUITE C
BRADENTON FL 34205

Mailing Address

1111 9TH AVENUE WEST
SUITE C
BRADENTON FL 34205

2. Principal Place of Business

2424 Manatee Ave. W
Suite, Apt. #, etc.
201

3. Mailing Address

4608 31ST St. Circle E
Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34205

Country

Manatee

Zip

34203

Country

Manatee

6. Name and Address of Current Registered Agent

PLEWS, DENNIS J
1111 9TH AVENUE WEST
SUITE C
BRADENTON FL 34205

4. FEI Number

65-0713561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

4608-31ST St. Circle E

City

Bradenton

FL

Zip Code

34203

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PLEWS, DENNIS J
1111 9TH AVENUE WEST
BRADENTON FL 34205 34203

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
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CITY-ST-ZIP
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☐ Change ☐ Addition

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 REQUIRED

7/30/01 941 7484012

Date

Daytime Phone #

0097831 AV

CR2034 (5/01)

FILED
Sep 10, 2001 8:00 am
Secretary of State
09-10-2001 90052 016 ***550.00



DO NOT WRITE IN THIS SPACE