

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90093 039 ***550.00

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DOCUMENT # P96000103730
 1. Entity Name
MICHELE L. ROSS, P.A.

Principal Place of Business
4030 HENDERSON BLVD
TAMPA FL 33629
US

Mailing Address
2417 SOUTH DUNDEE CT
TAMPA FL 33629

2. Principal Place of Business
1200 West Platt St.
 Suite, Apt. #, etc.
Suite 202
 City & State
TAMPA, FLORIDA
 Zip
33606 Country
U.S.

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3422468** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROSS, MICHELE L
2417 S. DUNDEE CT.
TAMPA FL 33629-6408

7. Name and Address of New Registered Agent
 Name **MICHELE L. ROSS**
 Street Address (P.O. Box Number is Not Acceptable)
2417 SOUTH DUNDEE ST.
TAMPA
 City **FL** Zip Code **33629**

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 *Michele L. Ross* (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, MICHELE L 2417 S. DUNDEE ST. TAMPA FL 33629-6408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michele L. Ross* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/11/01** Daytime Phone #: **(813) 831-8074**

CR2E034 (5/01)