

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90105 049 ***158.75

DOCUMENT # P97000001248

1. Entity Name

Christopher M. Kise, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 S. Harbor Island Blvd.

Suite, Apt. #, etc.

Suite 2406

City & State

Tampa, FL

3. Mailing Address

P.O. Box 2142

Suite, Apt. #, etc.

City & State

Tampa, FL

4. FEI Number
59-3419935

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
Christopher M. Kise

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

Suite 2200

City
Tampa

FL

Zip Code
33602

**DO NOT WRITE
IN THIS SPACE**

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.

Christopher M. Kise

(NOTE: Registered Agent signature required when reinstating)

DATE

11 - January 2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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/P/T/S
NAME
Christopher M. Kise
STREET ADDRESS
1000 S. Harbor Island Blvd.#2406
CITY-ST-ZIP
Tampa, FL 33602

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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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher M. Kise

Date

Daytime Phone #

11 - January 2002 813-273-5011

CR2E034B (12/01)

TELEPHONE 813-273-5000
FAX 813-273-5145
WEBSITE: www.ghrlaw.com

Attachment
**GRAY HARRIS ROBINSON
SHACKLEFORD FARRIOR**

ATTORNEYS AT LAW
201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FLORIDA 33602

805012
DOC# P97000001248

MAILING ADDRESS:
POST OFFICE BOX 3324
TAMPA, FLORIDA 33601

CHRISTOPHER M. KISE
(813) 273-5011

E-MAIL: CKISE@GHIRLAW.COM

January 15, 2002

VIA FEDERAL EXPRESS

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

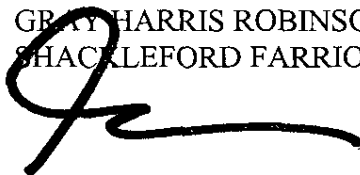
Re: Uniform Business Report-Christopher M. Kise, P.A.

To the Division:

Enclosed please find the completed For Profit Corporation Uniform Business Report for Christopher M. Kise, P.A., Document #P97000001248, along with check no. 2888 in full payment of the filing fee. Please file same and forward the Certificate of Status as indicated in Block 5. Thank you.

Sincerely,

GRAY HARRIS ROBINSON
SHACKLEFORD FARRIOR



Christopher M. Kise

CMK:jmv
Enclosures

SF#501085v1<TAMPA1> -Kise - ltr to Division of Corps..wpd

