

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90076 001 \*\*\*150.00

**DOCUMENT # P97000053214**

1. Entity Name

**JO CLAIRE SPEAR, P.A.**

Principal Place of Business

Mailing Address

**EXECUTIVE CENTER DRIVE WEST  
SUITE 303  
ST. PETERSBURG FL 33702****877 EXECUTIVE CENTER DRIVE WEST  
SUITE 303  
ST. PETERSBURG FL 33702-2474**

2. Principal Place of Business

**100 2nd Avenue South**

3. Mailing Address

**100 2nd Avenue South**

Suite, Apt. #, etc.

**Suite 200S**

Suite, Apt. #, etc.

**Suite 200S**

City &amp; State

**St. Petersburg, FL**

City &amp; State

**St. Petersburg, FL**

4. FEI Number

**59-3451340**

Applied For

Not Applicable

Zip  
**33701**Country  
**USA**Zip  
**33701**Country  
**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SPEAR, JO CLAIRE ESQ.  
877 EXECUTIVE CENTER DRIVE WEST  
SUITE 303  
ST. PETERSBURG FL 33702**

Name

**Spear, Jo Claire Esq.**

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

**100 2nd Avenue South****Suite 200S**

City

**St. Petersburg,****FL**Zip Code  
**33701**

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

**April 18, 2000**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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPTS  
SPEAR, JO CLAIRE ESQ.  
877 EXECUTIVE CTR DR W, SUITE 303  
ST PETERSBURG FL 33702** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPTS  
Spear, Jo Claire Esq.  
100 2nd Avenue S., Suite 200S  
St. Petersburg, FL 33701** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 18, 2000**

Date

**(727) 895-8446**

Daytime Phone #

CR2E034 (9/99)