

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000055119****1. Entity Name**

KEVIN GLEASON, P.A.

Principal Place of Business

1930 HARMSON ST STE 203

HOLLYWOOD
33020

FL

Mailing Address

PO BOX 22458

HOLLYWOOD
33020

FL

2. Principal Place of Business

2699 STIRLING ROAD

Suite, Apt. #, etc.
A-201City & State
FORT LAUDERDALE FLZip
33312

Country

3. Mailing Address

PO BOX 224058

Suite, Apt. #, etc.

City & State
HOLLYWOOD FLZip
33020

Country

4. FEI Number**65-0762302**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFL REGISTERED AGENT
1940 HARMSON ST STE 203HOLLYWOOD
33020

FL

7. Name and Address of New Registered Agent

Name

FL REGISTERED AGENT

Street Address (P.O. Box Number is Not Acceptable)
2699 STIRLING ROAD

A-201

City
FORT LAUDERDALE

FL

Zip Code
33312**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)

05/01/2000

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, 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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS

GLEASON PATRICIA E

1430 POLK STREET

HOLLYWOOD FL 33020

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP

GLEASON KEVIN C

1430 POLK STREET

HOLLYWOOD FL 33020

☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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: Kevin C. Gleason

DP

05/01/2000