

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90003 004 ***550.00

DOCUMENT # P97000055119

1. Entity Name
KEVIN GLEASON, P.A.

Principal Place of Business
2699 STIRLING ROAD
A-201
FORT LAUDERDALE FL 33312

Mailing Address
PO BOX 224058
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address
P.O. Box 220436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hollywood, Florida

Zip

Country

Zip
33022-0436

Country

4. FEI Number **65-0762302**

Applied For
☐ Not Applicable

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

FL REGISTERED, AGENT
2699 STIRLING ROAD
A-201
FORT LAUDERDALE FL 33312

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME **DS**
 STREET ADDRESS **GLEASON, PATRICIA E**
 CITY-ST-ZIP **1430 POLK STREET**
HOLLYWOOD FL 33020

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **GLEASON, KEVIN C**
 CITY-ST-ZIP **1430 POLK STREET**
HOLLYWOOD FL 33020

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Kevin C. Gleason
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **09/12/01**

Daytime Phone #

CR2E034 (5/01)