

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90085 027 ***150.00

DOCUMENT # P97000062363

1. Entity Name

CORNERSTONE FINANCIAL PROGRAMMING, INC.

Principal Place of Business

Mailing Address

240 PLANT AVENUE SOUTH STE. A-200
 TAMPA FL 33606

240 PLANT AVENUE SOUTH STE. A-200
 TAMPA FL 33606-2337

2. Principal Place of Business

320 W. Kennedy Blvd

3. Mailing Address

320 W. Kennedy Blvd

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

500

City & State

Tampa FL

City & State

Tampa FL

Zip

33606

Country

Hillsborough

Zip

33606

Country

Hillsborough

4. FEI Number

59-3458967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, JANA
2807 W. BUSCH BLVD. STE. 202
TAMPA FL 33618

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(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 \$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 **D** ☐ Delete
 NAME **ROBINSON, LAWRENCE E**
 STREET ADDRESS **240 PLANT AVENUE SOUTH STE. A-200**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Delete
 NAME **ROBINSON, SALLY A**
 STREET ADDRESS **240 PLANT AVENUE SOUTH STE. A-200**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 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 an other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000 813-254-011