

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90012 029 \*\*\*150.00

**DOCUMENT # P97000066820**

1. Entity Name

**CARL SEIGEL, P.A.**

Principal Place of Business

~~4730 PORTABELLO CIRCLE  
 VALRICO FL 33594~~

Mailing Address

~~4730 PORTABELLO CIRCLE  
 VALRICO FL 33567-2174~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**Carl & Lynda Seigel  
 2925 Spring Hamcock  
 Plant City, FL 33567  
 813-719-1686**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0776665**

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

~~SEIGEL, CARL  
 4730 PORTABELLO CIRCLE  
 VALRICO FL 33594~~

Name

Street Address (F)

City

Zip Code

**Carl & Lynda Seigel  
 2925 Spring Hamcock  
 Plant City, FL 33567  
 813-719-1686**

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 *Carl Seigel* **CARL SEIGEL** *Lynda Seigel* **LYNDA SEIGEL**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **1-10-00**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD SEIGEL, CARL 4730 PORTABELLO CIRCLE VALRICO FL 33594</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Carl &amp; Lynda Seigel 2925 Spring Hamcock Plant City, FL 33567 813-719-1686</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VSTD SEIGEL, LYNDA 4730 PORTABELLO CIRCLE VALRICO FL 33594</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Carl &amp; Lynda Seigel 2925 Spring Hamcock Plant City, FL 33567 813-719-1686</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Carl Seigel* **CARL SEIGEL** *Lynda Seigel* **LYNDA SEIGEL**  
Signature and typed or printed name of signing officer or director Date **1-10-00** Daytime Phone # **813-719-1686**

CR2E034 (9/99)