2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90130 019 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000087557

1. Entity Name

ANDREW E. STINNETTE, P.A.

Principal Place of Business	Mailing Address
901 CHESTNUT STREET SUITE C CLEARWATER FL 33756 US	P.O. BOX 2894 CLEARWATER FL 33757-2894 US

2. Principal Place of Business	3. Mailing Address
597 Main St	597 Main St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, FL	City & State: Dunedin, FL
Zip: 34698 Country: USA	Zip: 34698 Country: USA

4. FEI Number 59-3476574 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STINNETTE, ANDREW D
901 CHESTNUT STREET
SUITE C
CLEARWATER FL 33757

7. Name and Address of New Registered Agent

Name: Stinnette, Andrew E.
Street Address (P.O. Box Number is Not Acceptable): 597 Main St.
City: Dunedin FL Zip Code: 34698

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] DATE: 4/10/00

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 $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	D STINNETTE, ANDREW E 901 CHESTNUT STREET CLEARWATER FL 33756 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Stinnette, Andrew E. 597 Main St Dunedin, FL 34698
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Date: 4/10/00 Daytime Phone #: (727) 733-4878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)