

2000 UNIFORM BUSINESS REPORT (UBR)

1/26/00-90094-035-\$150.00-\$150.00

DOCUMENT # P97000101179

1. Entity Name

KIMSEY & ASSOCIATES, P.A.

FILED

00 FEB 28 PM 2:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1211 W. FLETCHER AVE.
TAMPA FL 33612

1211 W. FLETCHER AVE.
TAMPA FL 33612-3363

2. Principal Place of Business

3. Mailing Address

3816 W. Linebaugh Ave.
Suite, Apt. #, etc.

3816 W. Linebaugh Ave.
Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa Florida

4. FEI Number **59-3479939**

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

**KIMSEY, PAUL S
1211 W. FLETCHER AVE.
TAMPA FL 33612**

Name **Kimsey, Paul S.**
Street Address (P.O. Box Number is Not Acceptable)
**3816 W. Linebaugh Avenue
Suite 204
Tampa FL 33624**

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

Paul S. Kimsey

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

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	KIMSEY, PAUL	1211 W. FLETCHER AVE.	TAMPA FL 33612	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PSTD	Kimsey, Paul	3816 W. Linebaugh Ave., Suite 204	Tampa, FL 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Paul S. Kimsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 813-265-9722

Date

Daytime Phone #