

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104884

1. Entity Name

LEONARD E. FIX JR., P.A.

Principal Place of Business

2800 - 4TH STREET NORTH
SUITE 166
ST. PETERSBURG FL 33704

Mailing Address

2800 - 4TH STREET NORTH
SUITE 166
ST. PETERSBURG FL 33704-2102

2. Principal Place of Business

8601 45th N.

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

St. Pete. FL

City & State

Zip

33702

Country

USA

Zip

Country

4. FEI Number

59-3270698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIX, LEONARD E JR
2800 - 4TH STREET NORTH
SUITE 166
ST. PETERSBURG FL 33704

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	<input type="checkbox"/> Delete
NAME	FIX, LEONARD E JR	
STREET ADDRESS	2800 - 4TH STREET NORTH, SUITE 166	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	VSTP	<input type="checkbox"/> Delete
NAME	FIX, LEONARD E JR	
STREET ADDRESS	2800 - 4TH STREET NORTH, SUITE 166	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

LEONARD E. FIX, JR

Date

Daytime Phone #

1/18/2000 727-577-5100