

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108390

1. Entity Name

NANCY W. HUNT, P.A.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90139 022 ***150.00

Principal Place of Business

FIRST UNION BLDG
 7700 SEMINOLE BLVD. STE 1
 SEMINOLE FL 33772
 US

Mailing Address

FIRST UNION BLDG
 7700 SEMINOLE BLVD. STE 1
 SEMINOLE FL 33733-2349
 US

2. Principal Place of Business

3. Mailing Address

2553 First Ave. N 2553 First Ave. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3486518

Applied For

Not Applicable

33713 Pinellas 33713 Pinellas

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

HUNT, NANCY W
 FIRST UNION BLDG
 7700 SEMINOLE BLVD., STE 1
 SEMINOLE FL 33772

Name Nancy W. Hunt

Street Address (P.O. Box Number is Not Acceptable)

2553 First Avenue North

City St. Petersburg FL Zip Code 33713

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

Nancy W. Hunt

19 April 00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME HUNT, NANCY W
 STREET ADDRESS 10575 - 68TH AVE. NORTH, STE. D-2
 CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

TITLE
 NAME Nancy W. Hunt ☒ Change ☐ Addition
 STREET ADDRESS 2553 First Ave. N
 CITY-ST-ZIP St. Pete, FL 33713

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Nancy W. Hunt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 April 00

Date

Daytime Phone #

CR2E034 (9/99)