

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000109099

1. Entity Name
MARK A. PETCHE, PROFESSIONAL ASSOCIATION

Principal Place of Business

16029 N FLA AVE

Mailing Address

PO BOX 370140

LUTZ FL TAMPA FL
33549 33697

2. Principal Place of Business

16017 NORTH FLORIDA AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LUTZ FL

City & State

4. FEI Number

59-3490448

Applied For

Not Applicable

Zip Country Zip Country
33549

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETCHE MARK AESQ
16029 N FLA AVE

LUTZ FL
33549 US

7. Name and Address of New Registered Agent

Name

PETCHE MARK AESQ

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

16017 NORTH FLORIDA AVENUE

City

LUTZ

FL

Zip Code
33549

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)

04/25/2001

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, 2001 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 DPTS ☐ Delete
NAME PETCHE MARK A
STREET ADDRESS 16029 N. FLA AVE
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS ☒ Change ☐ Addition
NAME PETCHE MARK A
STREET ADDRESS 16017 NORTH FLORIDA AVENUE
CITY-ST-ZIP LUTZ FL 33549

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: Mark A. Petche

P

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)