

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90167 017 ***150.00

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DOCUMENT # P98000002920

1. Entity Name
RUNYAN & RUNYAN, P.A.



Principal Place of Business
**100 2ND AVE SOUTH, SUITE 704
ST PETERSBURG FL 33701**

Mailing Address
**11411 WALKER AVE
SEMINOLE FL 33772**



2. Principal Place of Business
11411 Walker Ave
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
Seminole Fla.

City & State

4. FEI Number **59-3486143**

Applied For
Not Applicable

Zip
33772

Country

Zip

Country

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

**RUNYAN, CINDY L
100 2ND AVE SOUTH, SUITE 704
ST. PETERSBURG FL 33701**

Name **Cindy Runyan**
Street Address (P.O. Box Number is Not Acceptable)
11411 Walker Ave
City **Seminole** FL **33772**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** **Pres.** **4-28-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUNYAN, DAVID H	
STREET ADDRESS	100 2ND AVE S STE 704	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RUNYAN, CINDY L	
STREET ADDRESS	100 2ND AVE S STE 704	
CITY-ST-ZIP	ST PETERSBURG FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11411 Walker Ave	
CITY-ST-ZIP	Seminole Fla 33772	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11411 Walker Ave	
CITY-ST-ZIP	Seminole Fla 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

Daytime Phone #

CR2E034 (10/02)