

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009708

1. Entity Name

PLEIMAN AND COMPANY, P.A.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90017 046 ***150.00

Principal Place of Business

Mailing Address

9140 GOLFSIDE DR. SUITE 1
JACKSONVILLE FL 32256

9140 GOLFSIDE DR. SUITE 1
JACKSONVILLE FL 32256-7936

2. Principal Place of Business

3. Mailing Address

9471 Baymeadows Rd
Suite, Apt. #, etc.
308

9471 Baymeadows Rd
Suite, Apt. #, etc.
308



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL
Zip
32256
Country
DUVAL

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Jacksonville, FL
Zip
32256
Country
DUVAL

4. FEI Number 59-3494515

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

PLEIMAN, THOMAS C JR
932 SATSUMA CR.
JACKSONVILLE FL 32259

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	PLEIMAN, THOMAS JR	9140 GOLFSIDE DR. STE 1	JACKSONVILLE FL 32256	<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
		9471 Baymeadows Rd Ste 308		<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)(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:

THOMAS C JR PLEIMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00
Date

Daytime Phone #

CR2E034 (9/99)