

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90370 002 ***150.00

DOCUMENT # P98000032706

1. Entity Name

LORENZO & TISON, P.A.

Principal Place of Business

1001 N MACDILL AVE
 SUITE A
 TAMPA FL 33607
 US

Mailing Address

1001 N MACDILL AVE
 SUITE A
 TAMPA FL 33607
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4601 N. Armenia Ave.

3. Mailing Address

4601 N. Armenia Ave.

Suite, Apt. #, etc.

Tampa, Florida

Suite, Apt. #, etc.

Tampa, Florida

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33603

Country

USA

Zip

33603

Country

USA

4. FEI Number

59-3515015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LORENZO, GEORGE A
 8019 LAGO VISTA DRIVE
 TAMPA FL 33614

*Accepted as new
 registered agent*

7. Name and Address of New Registered Agent

Name: Olga Pina, Esquire
 Street Address (P.O. Box Number is Not Acceptable):
 501 East Kennedy Blvd
 Suite # 1700
 City: Tampa FL Zip Code: 33602

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

George A. Lorenzo *4/10/02*

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	T LORENZO, GEORGE A 1001 N MACDILL AVE, STE A TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TISON, WILLIAM W III 1001 N MACDILL AVE, STE A TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V Lorenzo, George A. 4601 N. Armenia Ave Tampa, Florida 33603	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4601 N. Armenia Ave. Tampa, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Tison III *4/9/02* *(813) 998-9529*

Date

Daytime Phone #

CR2E034 (9/01)

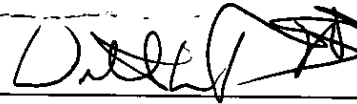
attachment # 31509

P98000032706

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

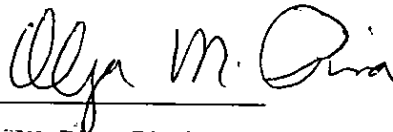
In compliance with Section 48.091, Florida Statutes, the following is submitted:

^{WEST 5/9/02}
Lorenzo & Tyson, P.A. has named Olga M. Pina, Esq. located at 501 E. Kennedy Blvd., Suite 1700, City of Tampa, County of Hillsborough, State of Florida, as its agent to accept service of process within Florida.



Date: May 9th, 2002

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Olga M. Pina, Registered Agent

Date: May 8, 2002