

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035712

1. Entity Name

FENTON AND GILLOMBARDO ASSOCIATES, P.A.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90322 033 ***150.00

Principal Place of Business

1045 9TH AVE NORTH
 ST PETERSBURG FL 33705

Mailing Address

1045 9TH AVE NORTH
 ST PETERSBURG FL 33701-2012

2. Principal Place of Business

840 Beach DR NE
 Suite, Apt. #, etc.

3. Mailing Address

840 Beach DR NE
 Suite, Apt. #, etc.

City & State

St Petersburg
 FL

Country

City & State

St Petersburg FL
 33701

Country

4. FEI Number

59-3502381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FENTON, ELIZABETH A
 1045 9TH AVE NORTH 840 Beach DR NE
 ST PETERSBURG FL 33705 33701

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FENTON, ELIZABETH A	
STREET ADDRESS	1045 9TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLOMBARDO, RENEE C	
STREET ADDRESS	1045 9TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	FENTON Elizabeth A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	840 Beach DR NE	
STREET ADDRESS	St Petersburg FL 33701	
CITY-ST-ZIP		
TITLE	Gillombardo Renee C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	840 Beach DR NE	
STREET ADDRESS	St Petersburg FL 33701	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

727-984-6834

Daytime Phone #

CR2E034 (9/99)