

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90025 038 \*\*\*150.00

**DOCUMENT # P98000043193**

1. Entity Name

**BACKHUS & IZAKOWITZ, P.A.**

Principal Place of Business

Mailing Address

**100 SOUTH ASHLEY DR  
 SUITE 220  
 TAMPA FL 33602**

**P.O. BOX 3294  
 TAMPA FL 33601-3294  
 US**

80014863



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**303 SOUTH WESTLAND  
 AVENUE**

Suite, Apt. #, etc.

City & State

City & State

**TAMPA FL**

4. FEI Number

**59-3518351**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33606**

**U.S.A.**

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

**WALDER, LYNNE  
 777 SOUTH HARBOUR ISLAND BLVD. STE. 75 850  
 TAMPA FL 33602**

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  Delete  
 NAME **D BACKHUS, TERRI L**  
 STREET ADDRESS **100 S ASHLEY DR STE 2200**  
 CITY-ST-ZIP **TAMPA FL 33602 33606**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Add  
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TERRI L BACKHUS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00 813-259-4424  
 Date Daytime Phone #