

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043520

1. Entity Name

JOE AND GINA SEITZ, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90002 050 ***150.00

Principal Place of Business

Mailing Address

392 BRIDLE PATH WAY
TARPON SPRONGS FL 34689

392 BRIDLE PATH WAY
TARPON SPRONGS FL 34689-7200

2. Principal Place of Business

3. Mailing Address

3817 Northdale Blvd.
Suite, Apt. #, etc.

392 Bridle Path Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa, FL

Tarpon Springs, FL

4. FEI Number

59-3510512

Applied For

Not Applicable

Zip

Country

33624 Hillsborough

Zip

Country

34689 Pinellas

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

SEITZ, GINA M
392 BRIDLE PATH WAY
TARPON SPRONGS FL 34689

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 D
NAME SEITZ, GINA M
STREET ADDRESS 392 BRIDLE PATH WAY
CITY-ST-ZIP TARPON SPRONGS FL 34689 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SEITZ, JOSEPH M
STREET ADDRESS 392 BRIDLE PATH WAY
CITY-ST-ZIP TARPON SPRONGS FL 34689 ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 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

APRIL 14, 2000 (727) 943-2293

Date

Daytime Phone #

CR2E034 (9/99)