2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800066648

1. Entity Name

TODD C. DILEO, P.A.

Principal Place of Business	Mailing Address
~~9723 Fox Chapel RD~~ ~~Tampa, FL~~ ~~33647~~	3205 W. Waters Ave Tampa, FL 33615

← old Mailing address.

2. Principal Place of Business
9723 Fox Chapel
Suite, Apt. #, etc.

3. Mailing Address
9723 Fox Chapel
Suite, Apt. #, etc.
T.

DO NOT WRITE IN THIS SPACE

City & State: Tampa FL
Zip 33647   Country USA

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Zip 33647   Country USA

4. FEI Number 59-3523340

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Carl Watkins
7345 Jackson Springs Rd
Tampa, FL 33634

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: Carl Watkins   5-2-00
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 President NAME TODD DILEO STREET ADDRESS 9723 Fox Chapel CITY-ST-ZIP Tampa, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E034 (9/99)

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: _T. DileoC._   5-2-2000   941-853-4508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #