

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90811 026 ***150.00

0420473 AV

DOCUMENT # P98000067229

1. Entity Name

STEVEN P. WIDOFF, INC.

Principal Place of Business

**204 WEST CREST AVENUE
TAMPA FL 33603
US**

Mailing Address

**204 WEST CREST AVENUE
TAMPA FL 33603
US****B0126674**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3525854		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**WIDOFF, STEVEN P
204 WEST CREST AVENUE
TAMPA FL 33603****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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIDOFF, WENDY 204 WEST CREST AVENUE TAMPA FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIDOFF, STEVEN P 204 WEST CREST AVENUE TAMPA FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
#P48000061229

Steven P. Widoff, Inc.
204 West Crest Avenue
Tampa, FL 33603
813-231-2020

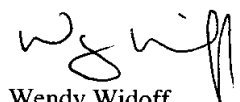
June 27, 2002

To whom it may concern:

I am contacting you because I have just received my Uniform Business Report. I am enclosing a check for \$150.00, in hopes that you will accept it without penalty. If you review our records you will find that we have never been delinquent in our payments, with the exception of last year's UBR form, which never arrived to our address at all.

Thank you for your kindness.

Sincerely,



Wendy Widoff
Secretary Treasurer, Steven P. Widoff, Incorporated.