

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90659 033 ***150.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3525854**

☒ Applied For
☐ Not Applicable

Zip Country

Zip Country

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

**WIDOFF, STEVEN P
204 WEST CREST AVENUE
TAMPA FL 33603**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Wendy Widoff
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-10-03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WIDOFF, WENDY**
STREET ADDRESS **204 WEST CREST AVENUE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **D** ☒ Change ☐ Addition
NAME **WIDOFF, WENDY**
STREET ADDRESS **496 W. DAVIS BLVD**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **D** ☐ Delete
NAME **WIDOFF, STEVEN P**
STREET ADDRESS **204 WEST CREST AVENUE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **D** ☒ Change ☐ Addition
NAME **WIDOFF, STEVEN P.**
STREET ADDRESS **496 W. DAVIS BLVD**
CITY-ST-ZIP **TAMPA, FL 33606**

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 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

Wendy Widoff

1-10-03

813-254-3456

Date Daytime Phone #

CR2E034 (10/02)