

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91565 012 ***150.00

DOCUMENT # P98000081383

1. Entity Name
EDWARD T. CULBERTSON, P.A.

Principal Place of Business

4141 CENTRAL AVE.
 ST. PETERSBURG FL 33713

Mailing Address

4141 CENTRAL AVE.
 ST. PETERSBURG FL 33713

2. Principal Place of Business

3800 CENTRAL AVE
 Suite, Apt. #, etc.

3. Mailing Address

3800 CENTRAL AVE
 Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number **59-3534432**

Applied For

Not Applicable

Zip

33711

Country

US

Zip

33711

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

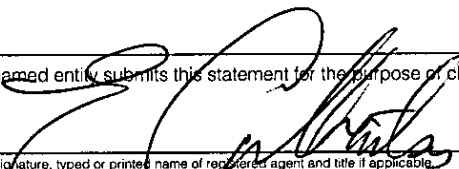
6. Name and Address of Current Registered Agent

CULBERTSON, EDWARD T
 4141 CENTRAL AVE.
 ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name **CULBERTSON, EDWARD T**
 Street Address (P.O. Box Number is Not Acceptable)
3800 CENTRAL AVE.
 City **ST PETERSBURG FL** Zip Code **33711**

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

5/10/01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CULBERTSON, EDWARD T	
STREET ADDRESS	4141 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD T. CULBERTSON

Date

5/10/01

Daytime Phone #

727-327-7526

CR2E034 (10/00)