## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000084895 Jan 27, 2000 8:00 am Secretary of State 1. Entity Name CHARLES A. HOUNCHELL, P.A. 01-27-2000 90013 046 \*\*\*150.00 Mailing Address Principal Place of Business 212 MAGNOLIA AVENUE SOUTH 212 MAGNOLIA AVENUE SOUTH TAMPA FL 33606 TAMPA FL 33606-2236 3. Mailing Address 2. Principal Place of Business 308 South Wastland Avenue 08 South West DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3532680 Not Applicable анра amoa Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired-Hillsborouañ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOUNCHELL, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 212 MAGNOLIA-AVENUE SOUTH TAMPA FL 33606 308 South Wastland 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 tered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition 🔀 Delete Change TITLE Hounchell Charles A 308 South Westland Avenue HOUNCHELL, CHARLES A NAME NAME STREET ADDRESS 212 MAGNOLIA AVE S STREET ADDRESS CITY-ST-ZIP Tanoa Fr 33606 CITY-ST-ZIP TAMPA FL 33606 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP-Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 impowered. CHARLES A, Howscheu SIGNATURE: