

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90267 042 ***150.00

DOCUMENT # P98000087040

1. Entity Name

CULLARO & CULLARO, P.A.

Principal Place of Business

Mailing Address

1844 HENLEY RD.
LUTZ FL 33549

1844 HENLEY RD.
LUTZ FL 33549-8338

2. Principal Place of Business

215 WEST VERNE ST.

3. Mailing Address

215 WEST VERNE ST.

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

TAMPA FL

City & State

TAMPA

4. FEI Number

59-3549549

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CULLARO, JOHN
15810 GOLF BLVD
REDDINGTON BCH FL 33708

7. Name and Address of New Registered Agent

Name **JOHN CULLARO**

Street Address (P.O. Box Number is Not Acceptable)
215 WEST VERNE ST

STE B

City **TAMPA**

FL

Zip Code **33600**

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

John J. Cullaro **JOHN J. CULLARO**

4/24/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	P			<input checked="" type="checkbox"/>
	CULLARO, LISA L	238 E DAVIS BLV. #206C	TAMPA FL 33606	
	ST			<input type="checkbox"/>
	CULLARO, JOHN J	238 E DAVIS BLV. #206C	TAMPA FL 33606	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

John J. Cullaro **JOHN J. CULLARO**

4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #