2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000108397**

MARSHA CHALFANT WEISSE, C.P.A., P.A.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business #### KENSINGTON AVE JAMPA FL 33629

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

WEISSE, MARSHA C

(See criteria on back)

4110 KENSINGTON AVE **TAMPA FL 33629**

Mailing Address

PO BOX 13408 TAMPA FL 33681-3408

3. Mailing Address

City & State

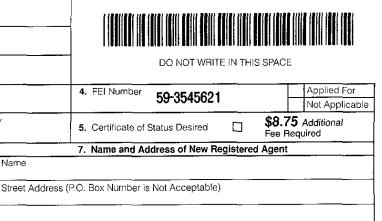
Zip

Suite, Apt. #, etc.

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90002 039 ***150.00

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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 t	itle if applicable
	oration is eligible to satisfy its Intangible requirement and elects to do so.	Aft

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

Country

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition ☐ Delete TITLE WEISSE, MARSHA C NAME NAME STREET ADDRESS STREET ADDRESS 4110 KENSINGTON AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

813-832-6851

CR2E034 (9/99)