## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000108427 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name KEITH A. WARSHOFSKY, P.A. 04-03-2000 90199 018 \*\*\*150.00 Principal Place of Business Mailing Address 300 S. HYDE PARK AVENUE 300 S. HYDE PARK AVE SUITE 195 SUITE 195 TAMPA FL 33606-4122 TAMPA FL 33606 Principal Place of Business 3. Mailing Address 4100 W. Kennedy Blud. Blvd 4100 W. Kennedy DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Suite 327 Suite Applied For City & State 4. FEI Number City & State 59-3557555 たし ドし Not Applicable am Da ampa Country Country \$8.75 Additional 5. Certificate of Status Desired 3609 USA <u>۶۶</u>۴ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARSHOFSKY, KEITH A Street Address (P.O. Box Number is Not Acceptable) 300 S. HYDE PARK AVE, # 195 TAMPA FL 33606 Tampa 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 A-Warshotsky Signature, typed or printed name of registered ag nd title if applicable 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE □ Delete TITLE WARSHOFSKY, KEITH A NAME NAME 4100 W. Kennedy Blud, #327 300 S. HYDE PARK AVENUE, # 195 STREET ADDRESS STREET ADDRESS Tampa FC 33609 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE

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 all addless, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

**SIGNATURE:** 

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7)P

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

Keith A. Warshofsky M

11200 (

<u>(613)251-85-</u>

☐ Change

☐ Addition