

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90085 026 ***150.00

DOCUMENT # P99000003883

1. Entity Name

SUSAN M. SALVATORE, P.A.

Principal Place of Business

**508 W. NORTH BAY ST.
TAMPA FL 33603**

Mailing Address

**508 W. NORTH BAY ST.
TAMPA FL 33603-3406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554374

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SALVATORE, SUSAN M ESQ.
401 E. JACKSON ST., 27TH FLOOR
TAMPA FL 33602****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

508 W. North Bay St.

City

Tampa**FL**

Zip Code

33603

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

Susan M. Salvatore Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/009. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
	Susan M. Salvatore				
	President				
	508 W. North Bay St.				
	Tampa, FL 33603				

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:*Susan M. Salvatore President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

813-222-6604

Daytime Phone #