## 2000 UNIFORM BUSINESS REPORT (UBR)

Peiser,

SIGNATURE:

resident

2/23/00

(727) 789 2954

Daytime Phone #

## **FILED** DOCUMENT # **P99000005384** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name PEISER & ASSOCIATES, INC. 04-05-2000 90071 013 \*\*\*158.75 Principal Place of Business Mailing Address 1680 MARYS MEADOW 1880 MARYS MEADOW PALM HARBOR FL 34683-4737 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address 971 Virginia Ave P O Box 774 Suite, ASUITE A Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 593551790 Applied For City & State City & State Palm Harbor, FL Palm Harbor, FL Not Applicable Zip 34682 Country Pinellas <sup>Zip</sup> 34682 Country \$8.75 Additional 5. Certificate of Status Desired Pinellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GASSMAN, ALAN S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET SUITE 102 CLEARWATER FL Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees K (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Delete TITLE TITLE P/D PEISER, RITA CAMIN NAME NAME Dr. Eugene S. Peiser STREET ADDRESS 1880 MARYS MEADOW STREET ADDRESS 1880 Mary's Meadow 34683 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 V/S Harold, L. Peiser Addition Delete TITLE TITLE PEISER, HAROLD L NAME 1023 Mineola Circle **1880 MARYS MEADOW** STREET ADDRESS STREET ADDRESS Palm Harbor, FL 34683 CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.