

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90006 044 ***150.00

0457618 AV

DOCUMENT # P99000019592

1. Entity Name

HADDAD & SHUTTERA P.A.

Principal Place of Business

Mailing Address

13555 AUTOMOBILE BLVD.
 SUITE 540
 CLEARWATER FL 33774

13555 AUTOMOBILE BLVD.
 SUITE 540
 CLEARWATER FL 33774



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3558860

Applied For

Not Applicable

Zip
33762

Country

Zip
33762

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADDAD, ROYCE C JR.
13555 AUTOMOBILE BLVD.
SUITE 540
CLEARWATER FL 33774

Name

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

City

FL

Zip Code

33762

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD**
 STREET ADDRESS **SHUTTERA, ROBERT J**
 CITY-ST-ZIP **13555 AUTOMOBILE DR STE 540**
CLEARWATER FL 33762

☐ Delete

TITLE
 NAME **SD**
 STREET ADDRESS **HADDAD, ROYCE C JR.**
 CITY-ST-ZIP **13555 AUTOMOBILE DR STE 540**
CLEARWATER FL 33762

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Robert J. Shuttera**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

ROBERT J. SHUTTERA

1/4/01

727-299-0449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)