

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90199 030 ***150.00

DOCUMENT # P99000030278

1. Entity Name
PEDRO L. AMADOR, P.A.



Principal Place of Business
220 E MADISON STREET
SUITE 1020
TAMPA FL 33602
US

Mailing Address
220 E MADISON STREET
SUITE 1020
TAMPA FL 33602
US



2. Principal Place of Business

2203 N. Lois Ave
Suite, Apt. #, etc.
925

3. Mailing Address

2203 N. Lois Ave
Suite, Apt. #, etc.
925

☒ **CHECK HERE IF MAKING CHANGES**

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number **59-3577718**

Applied For
Not Applicable

Zip

33607

Country

Zip

33607

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AMADOR, PEDRO L JR.
220 E MADISON STREET SUITE 1020
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

2203 N. Lois Ave Suite 925

City **Tampa**

FL

Zip Code **33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Pedro L. Amador Jr. President
(NOTE: Registered Agent signature required when reinstating)

4/22/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **AMADOR, PEDRO L JR.**
STREET ADDRESS **220 E MADISON STREET SUITE 1020**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2203 N. Lois Ave Ste 925**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE: *[Signature]* **Pedro L. Amador Jr. President** **4/22/03** **813-250-0556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)