

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034282

1. Entity Name
JANICE SCINTO DIROSE, P.A.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91151 014 ***150.00

Principal Place of Business

9965 NORTHWEST 6 COURT
PLANTATION FL 33324

Mailing Address

~~9965 NORTHWEST 6 COURT~~
~~PLANTATION FL 33324~~

2. Principal Place of Business

321 Meadow Brook Ct.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Oldsmar, FL

City & State

4. FEI Number 65-0911506

Applied For
Not Applicable

Zip
34677

Country
USA

Zip

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

DIROSE, JANICE S
9965 NORTHWEST 6 COURT
PLANTATION FL 33324

Name
Janice S. DiRose

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

321 Meadow Brook Ct.

City Oldsmar

FL

Zip Code
34677

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]

04/30/01

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, 2001 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
STREET ADDRESS
CITY-ST-ZIP
DPST
DIROSE, JANICE S
9965 NW 6 CT
PLANTATION FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
DiRose, Janice S.
321 Meadow Brook Ct.
Oldsmar, FL 34677 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janice Scinto DiRose, President
04/30/01 727 535-2673

CR2E034 (10/00)