

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038861

1. Entity Name
HUNTER & THOMAS, P.A.



FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90024 028 ***550.00

Principal Place of Business
THE CARRIAGE HOUSE - BIGLOW-HELMS MANSION
4807 BAYSHORE BLVD.
TAMPA FL 33611

Mailing Address
THE CARRIAGE HOUSE - BIGLOW-HELMS MANSION
4807 BAYSHORE BLVD.
TAMPA FL 33611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3579228

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HUNTER, SHERYL SECKEL ESQ.
THE CARRIAGE HOUSE, BIGLOW-HELMS MANSION
4807 BAYSHORE BLVD.
TAMPA FL 33611

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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 checked="" type="checkbox"/> Addition
P	Claudia Medina Thomas	The Carriage House, Biglow-Helms Mansion	4807 Bayshore Blvd. Tampa, FL 33611	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VPS	Sheryl Seckel Hunter	The Carriage House, Biglow-Helms Mansion	4807 Bayshore Blvd. Tampa, FL 33611	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: Claudia Medina Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/00
Date

(813) 835-2405
Daytime Phone #

CR2E034 (5/00)