

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

09-05-2000 90024 028 \*\*\*550.00

**DOCUMENT # P99000038861**

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



Principal Place of Business <b>THE CARRIAGE HOUSE - BIGLOW-HELMS MANSION          4807 BAYSHORE BLVD.          TAMPA FL 33611</b>	Mailing Address <b>THE CARRIAGE HOUSE - BIGLOW-HELMS MANSION          4807 BAYSHORE BLVD.          TAMPA FL 33611</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-3579228</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**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 \_\_\_\_\_ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Claudia Medina Thomas</b> <b>The Carriage House, Biglow-Helms Mansion</b> <b>4807 Bayshore Blvd.</b> <b>Tampa, FL 33611</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>Sheryl Seckel Hunter</b> <b>The Carriage House, Biglow-Helms Mansion</b> <b>4807 Bayshore Blvd.</b> <b>Tampa, FL 33611</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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* **RECEIVED** **Medina Thomas** **9/29/00** **(813) 835-2405**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)