## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000045833

2000 UNIFORM BUSINESS REPORT (UBR)							FILED			
DOCUMENT # P99000045833 1. Entity Name							Jan 19, 2000 8:00 am Secretary of State			
RONALD	) W. HAPANO	WICZ & ASSOCI	ates, p.a.				01-19-2000 902	-		
Principal Plac	e of Business		Mailing Address							
342 MANE COL TARPON SPRIN	* '		342 MANE COURT TARPON SPRINGS FL 34689-7273							
Principal Place of Business     3. Mailing Address										
2753 SR 580_						_			1 (1144 1111 186)	
Suite, Apt.	#, etc. 210		Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
Clear water F2			City & State			<b>4</b> . F	El Number 59 - 358 298		Applied For Not Applicable	
33761 Country U.S			Zip	Zip Country		5. 0	5. Certificate of Status Desired			
		Address of Current Re	gistered Agent			7. N	lame and Address of New Regist	ered Agent		
					Name				i	
LOVELACE, WILLIAM K ESQ 2310 WEST BAY DRIVE					Street Address (P.O. Box Number is Not Acceptable)					
LARGO FL 33770							<del></del>			
					City FL Zip Code					
8. The above	named entity subr	nits this statement for t	he purpose of changing its re	registered	d office or regis	stered age	ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printe	ed name of registered agent and	title if applicable. (NOTE:	Registered A	Agent signature requ	ured when re	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FE After MAY 1, 2000 Fo Make Check Payable to					/ill be \$550.0		Election Campaign Financir     Trust Fund Contribution.		.00 May Be led to Fees	
11.	OFFICERS AND DIRECTORS 12			12.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11	
TITLE	D	DOMALD W	Delete	TITLE				☐ Change	e 🔲 Addition	
NAME	HAPANOWICZ 342 MANE CO			NAME					J	
STREET ADORESS   CITY-ST-ZIP		NGS FL 34689		CITY-S	ADDRESS T-ZIP					
TITLE	J		Delete	TITLE	-			Change	e 🔲 Addition	
NAME			— - <del></del>	NAME					ĺ	
STREET ADDRESS	,			STREET	ADDRESS					
CITY-ST-ZIP				_ CITY-S	IT-ZIP		وي المعطودية التي المختلف مدروات	المستومية	1	

☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS 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 actions with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR