

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**  
 03-29-2000 90065 046 \*\*\*150.00

**DOCUMENT # P99000046284**

1. Entity Name

ANDREW D. DEIUDICIBUS, P.A.

Principal Place of Business

Mailing Address

~~6611 TARA WAY CT.~~  
 SEMINOLE FL 32776

~~6611 TARA WAY CT.~~  
 SEMINOLE FL 32776-1162

2. Principal Place of Business

7360 Ulmerton Rd.

3. Mailing Address

SAME

Suite, Apt. #, etc.

18D

Suite, Apt. #, etc.

City & State

Largo

City & State

Zip

33771

Pinellas

Country

4. FEI Number

59-3576788

Applied For

Not Applicable

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

DEIUDICIBUS, ANDREW D

~~6611 TARA WAY CT.~~  
~~SEMINOLE FL 32776~~

Name

Andrew D. Deiudicibus

Street Address (PO Box Number is Not Acceptable)

7360 Ulmerton Rd, 18D

City

Largo

FL

Zip Code

33771

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

*Andrew Deiudicibus*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-00

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, 2000 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	DPS	<input type="checkbox"/> Delete
NAME	DEIUDICIBUS, ANDREW D	
STREET ADDRESS	<del>6611 TARA WAY CT.</del>	
CITY-ST-ZIP	<del>SEMINOLE FL 32776</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7360 Ulmerton Rd, 18D	
CITY-ST-ZIP	Largo, FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:

*Andrew Deiudicibus*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

Date

Daytime Phone #

CR2E034 (9/99)