

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053374

1. Entity Name

CALLY E. CATANIA, P.A.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90104 039 ***150.00

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD. #2400 TAMPA FL 33602	101 E. KENNEDY BLVD. #2400 TAMPA FL 33602-5187

2. Principal Place of Business	3. Mailing Address
15350 Amberly Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#4221	
City & State	City & State
Tampa, FL	
Zip	Country
33647	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3580686	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Name and Address of Current Registered Agent	
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 \$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	P	TITLE	
NAME	CATANIA, CALLY E	NAME	
STREET ADDRESS	101 E. KENNEDY BLVD. #2400	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Cally E. Catania
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

813 9077555

Daytime Phone #