

2001 UNIFORM BUSINESS REPORT (UBR)

051117

DOCUMENT # P99000058344

1. Entity Name

~~SUSAN NORIEGA, P.A.~~

SUSAN S. SIUARD, P.A. (NAME CHANGE)

Principal Place of Business

315 S. EDISON AVENUE, UNIT 1
TAMPA FL 33606

Mailing Address

315 S. EDISON AVENUE, UNIT 1
TAMPA FL 33606

2. Principal Place of Business

5910 Hammock Woods Dr.
Suite, Apt. #, etc.

3. Mailing Address

5910 Hammock Woods Dr.
Suite, Apt. #, etc.

City & State

Odessa, FL
~~TAMPA, FL~~

City & State

Odessa, FL

Zip

33556

Country

Hillsborough

Zip

33556

Country

Hillsborough

6. Name and Address of Current Registered Agent

HAMILTON, THEODORE J ESQ.
WETHERINGTON, LEFLOCH & HAMILTON, P.A.
2625 PARK TOWER 400 NORTH TAMPA ST.
TAMPA FL 33602

4. FEI Number

59-3587604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2001 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

TITLE D ☐ Delete
NAME NORIEGA, SUSAN S
STREET ADDRESS 315 S. EDISON AVENUE, UNIT 1
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME SUSAN S. SIUARD
STREET ADDRESS 5910 Hammock Woods Dr.
CITY-ST-ZIP Odessa, FL 33556

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Susan Noriega, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/01

Daytime Phone #

284-1712

APPROVED
AND
FILED

01 MAR 14 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)