## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P9900060885 May 15, 2000 8:00 am Secretary of State GODELS, SOLOMON, & STOWE, INC. 04-04-2000 90047 008 \*\*\*150.00 Principal Place of Business Mailing Address 770 1ST AVENUE NORTH 770 1ST AVENUE NORTH SAINT PETERSBURG FL 33701-3604 SAINT PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Solomon SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 3370/ ST. Peters burg 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. TARANA (NOTE: Registered Agent signature required when JAY D. SolomON Holomon printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filling requirement and elects to do so. . After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Addition CR2E034 (9/99) Change Delete TITLE TITLE STOWE, WINIFRED W NAME NAME STREET ADDRESS STREET ADDRESS 770 1ST AVENUE NORTH CITY-ST-ZIP CITY-ST-7P SAINT PETERSBURG FL 33701 Delete **VD** TITLE Change ■ Addition TITLE GODELS, CHARLES P NAME NAME STREET ADDRESS STREET ADDRESS 770 1ST AVENUE NORTH CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP STD Change\_\_\_\_ Addition TITLE Delete TITLE SOLOMON, JAY D. NAME STREET ADDRESS STREET ADDRESS 770 1ST AVENUE NORTH CITY-ST-7IP SAINT PETERSBURG FL 33701 CITY-ST-ZIP [7] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE 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:** 

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