

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064233

1. Entity Name

LAW OFFICE OF KENDRA D. PRESSWOOD, P.A.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90015 050 ***150.00

Principal Place of Business

Mailing Address

1322 6TH AVENUE WEST
BRADENTON FL 34205

1322 6TH AVENUE WEST
BRADENTON FL 34205-7405

2. Principal Place of Business

1806 Manatee Ave W.

Suite, Apt. #, etc.

3. Mailing Address

1806 Manatee Ave W.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number
65-0925254

Applied For
Not Applicable

Zip
34205

Country
USA

Zip
34205

Country
USA

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

WALDER, LYNNE
777 SOUTH HARBOR ISLAND BLVD. STE. 175
TAMPA FL 33602

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESSWOOD, KENDRA D 1322 6TH AVENUE WEST BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1806 Manatee Avenue W. Bradenton, FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00
Date

(941) 749-6433
Daytime Phone #

CR2E034 (9/99)