

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90057 033 ***150.00

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DOCUMENT # P99000083315

1. Entity Name
MARIANNE COSTLOW, P.A.

Principal Place of Business
~~806 HAMMOCK PINE~~
~~CLEARWATER FL 33761~~
1308 Roxbury Dr
Safety Harbor, FL

Mailing Address
~~806 HAMMOCK PINE~~
~~CLEARWATER FL 33761~~
1308 Roxbury Dr
Safety Harbor, FL 34695

2. Principal Place of Business
34695

3. Mailing Address

Suite, Apt. #, etc.
1308 Roxbury Dr

Suite, Apt. #, etc.
1308 Roxbury Dr

City & State
Safety Harbor, FL

City & State
Safety Harbor, FL

Zip
34695

Country
PI

Zip
34695

Country
PI



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3631141**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COSTLOW, MARIANNE
~~806 HAMMOCK PINE~~
~~CLEARWATER FL 33761~~
1308 Roxbury Dr
Safety Harbor, FL
34695

7. Name and Address of New Registered Agent

Name **Marianne Costlow**

Street Address (P.O. Box Number is Not Acceptable)
1308 Roxbury Dr

City **Safety Harbor FL** Zip Code **34695**

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 *Marianne Costlow* **3/29/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D COSTLOW, MARIANNE 806 HAMMOCK PINE CLEARWATER FL 33761 1308 Roxbury Dr Safety Harbor, FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerings.

SIGNATURE: *Marianne Costlow* **3/29/02** **727-791463**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)