

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90506 017 ***150.00

DOCUMENT # P99000084869

1. Entity Name

LAW OFFICES OF KEVIN D. ASTL, P.A.



Principal Place of Business

215 VERNE ST., SUITE A
TAMPA FL 33606

Mailing Address

215 VERNE ST., SUITE A
TAMPA FL 33606

2. Principal Place of Business

1101 W. SWANN AVENUE

3. Mailing Address

1101 W. SWANN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

59-3602573

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ASTL, KEVIN D ESQ.
215 VERNE ST., SUITE A
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

ASTL, KEVIN D.

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

1101 W. SWANN AVENUE

City

TAMPA

FL

Zip Code

33606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ASTL, KEVIN D
215 VERNE ST., SUITE A
TAMPA FL 33606

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ASTL, KEVIN D.
1101 W. SWANN AVENUE
TAMPA, FLORIDA 33606

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

Date

813-254-1555

Daytime Phone #

CR2E034 (10/02)