

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

03-31-2000 90084 042 ***150.00

DOCUMENT # P99000100822

1. Entity Name

ELIZABETH SEIBER, P.A.

Principal Place of Business

4383 FALLBROOK BLVD
 PALM HARBOR FL 34685

Mailing Address

4383 FALLBROOK BLVD
 PALM HARBOR FL 34685-2652

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3611294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEEIBER, ELIZABETH
 4383 FALLBROOK BLVD
 PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name: **ELIZABETH SEIBER**
 Street Address (P.O. Box Number is Not Acceptable): **4383 FALLBROOK BLVD.**
 City: **PALM HARBOR** FL Zip Code: **34685**

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: *Elizabeth Seiber, PA* **ELIZABETH SEIBER** 3/21/00
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

TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	ELIZABETH SEIBER
STREET ADDRESS	4383 FALLBROOK BLVD.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	ELIZABETH SEIBER
STREET ADDRESS	4383 FALLBROOK BLVD.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	ST <input type="checkbox"/> Delete
NAME	ELIZABETH SEIBER
STREET ADDRESS	4383 FALLBROOK BLVD.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elizabeth Seiber* **ELIZABETH SEIBER** 3/21/00 **(727)943-7...**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #