

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 21, 2000 8:00 am**
Secretary of State

05-08-2000 90072 012 ***150.00

DOCUMENT # P99000100873

1. Entity Name

SHANNON REISSMAN, L.M.T., P.A.

Principal Place of Business

5001 W CYPRESS STREET
STE 200
TAMPA FL 33607

Mailing Address

5001 W CYPRESS STREET
STE 200
TAMPA FL 33607

2. Principal Place of Business

112 124 Ave E

Suite, Apt. #, etc.

TREASURE ISLAND, FL

City & State

3. Mailing Address

112 124 Ave E

Suite, Apt. #, etc.

TREASURE ISLAND, FL

City & State



DO NOT WRITE IN THIS SPACE

Zip

33706

Country

USA

Zip

33706

Country

USA

6. Name and Address of Current Registered Agent

REISSMAN, MARSHALL G
5001 W CYPRESS STREET
STE 200
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name **Shannon Reissman**

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

112 124 Ave E.City **TREASURE ISLAND**

FL

Zip Code

33706

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 \$550.00.**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REISSMAN, SHANNON M | |
| STREET ADDRESS | 112 124TH AVE | |
| CITY-ST-ZIP | TREASURE ISLAND FL 33706 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 |
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| 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 line empowered.*

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**10 Aug 2000**
Date**727 391-1000**
Daytime Phone #

CR2E034 (5/00)