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FILED
May 19, 2000 8:00 am
Secretary of State

04-27-2000 90126 023 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101525
1. Entity Name

Carl J. Ohall, PA

Principal Place of Business	Mailing Address
305 S. Brevard Avenue Tampa, FL 33606	P. O. Box 172477 Tampa, FL 33672

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

59-3609421

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Carl J. Ohall
305 S. Brevard Avenue
Tampa, FL 33606

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 is 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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	Carl J. Ohall	305 S. Brevard Avenue	Tampa, FL 33606	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ 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:

Carl J. Ohall

DATE

813-258-5400

Daytime Phone #

STF FL272117-1