2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90100 037 ***150.00

B0111814

DO NOT WRITE IN THIS SPACE

DOCUMENT # **S32177**

1. Entity Name
JUDITH G. CORNELIUS, C.P.A., P.A.

Principal Place of Business	Mailing Address
2005 PAN AM CIRCLE #500 TAMPA FL 33607 US	2005 PAN AM CIRCLE #500 TAMPA FL 33607 US

2. Principal Place of Business		3. Mailing Address	
6707 N Himes Ave		6707 N Himes Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA FLA		City & State: TAMPA FLA	
Zip: 33614	Country: US	Zip: 33614	Country: US

4. FEI Number 59-3036943 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNELIUS, JUDITH G.
2005 PAN AM CIRCLE
#500
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 6707 N Himes Ave

City TAMPA **FL** Zip Code 33614

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] 4/29/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELIUS, JUDITH G. 2005 PAN AM CIRCLE #500 TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 6707 N Himes Ave TAMPA FLA 33614	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 empowered.

SIGNATURE: [signature] 4/29/02 813-876-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)