

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State
 03-16-2000 90074 013 ***150.00

DOCUMENT # S51475

1. Entity Name

FERNANDEZ & FERNANDEZ, INC.

Principal Place of Business

**3810 S DALE MABRY
 TAMPA FL 33611
 US**

Mailing Address

**3810 S DALE MABRY
 TAMPA FL 33611-1402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~50-3077453~~

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, MARY ALICE
 3810 S DALE MABRY
 TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name

RITA MAGGIO - PRES.

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

3610 PINE ST

City

TAMPA

FL

Zip Code

33607

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

Rita Maggio

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

(NOTE: Registered Agent signature required when reinstating)

3/10/2000

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MAGGIO, RITA	
STREET ADDRESS	3610 PINE ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, MARY ALICE	
STREET ADDRESS	16219 LAKE MAGDALENE BVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MAGGIO, BRIAN	
STREET ADDRESS	3610 PINE ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAGGIO, SR, PERRY A	
STREET ADDRESS	3610 PINE ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, MARY ALICE	
STREET ADDRESS	16219 LAKE MAGDALENE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<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	SEC/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" 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:

Rita Maggio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000

DATE

1-813-831-9280

DAYTIME PHONE #

CR200004 (0/00)