

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51475

1. Entity Name

FERNANDEZ & FERNANDEZ, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90074 013 ***150.00

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 ☐ Delete

NAME MAGGIO, RITA
STREET ADDRESS 3610 PINE ST
CITY-ST-ZIP TAMPA FL

TITLE DST ☒ Delete

NAME FERNANDEZ, MARY ALICE
STREET ADDRESS 16219 LAKE MAGDALENE BVD
CITY-ST-ZIP TAMPA FL

TITLE DVP ☐ Delete

NAME MAGGIO, BRIAN
STREET ADDRESS 3610 PINE ST
CITY-ST-ZIP TAMPA FL

TITLE DS ☐ Delete

NAME MAGGIO, SR, PERRY A
STREET ADDRESS 3610 PINE ST
CITY-ST-ZIP TAMPA FL

TITLE DT ☒ Delete

NAME FERNANDEZ, MARY ALICE
STREET ADDRESS 16219 LAKE MAGDALENE BLVD
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC/TREAS ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR25034 (3/00)