

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S73311

1. Entity Name

GARY E. FARMER, C.P.A., P.A.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90116 023 ***158.75

Principal Place of Business

Mailing Address

THE PROFESSIONAL CENTER
4332 WEST WATERS AVENUE SUITE 106
TAMPA FL 33614

5364 EHRlich ROAD
PMB 362
TAMPA FL 33624-6976

2. Principal Place of Business

3. Mailing Address

4809-A Ehrlich Rd
Suite, Apt. #, etc.

5364 Ehrlich Rd
Suite, Apt. #, etc.
PMB 362

City & State

City & State

Tampa FL

Tampa FL

4. FEI Number

59-3081067

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARMER, GARY E

~~4332 W. WATERS AVE., STE. #100~~
~~TAMPA FL 33614~~

Name

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

4809-A EHRlich RD.

City

TAMPA, FL

FL

Zip Code

33624

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 \$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	P	<input type="checkbox"/> Delete
NAME	FARMER, GARY E.	
STREET ADDRESS	12512 REGENCY ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2000 813-963-6990