

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81351

1. Entity Name

ROBERT P. POLLI, P.A.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90023 014 ***150.00

Principal Place of Business

Mailing Address

101 E. KENNEDY BLVD.
SUITE 3130
TAMPA FL 33602

101 E. KENNEDY BLVD.
SUITE 3130
TAMPA FL 33602-5185

604287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

101 E. Kennedy Blvd.

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1265

Suite 1265

City & State

City & State

Tampa, FL

TAMPA, FL

4. FEI Number

59-3085373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip 33602

Country USA

Zip 33602

Country USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLI, ROBERT P.
SUITE 3130
101 E. KENNEDY BLVD.
TAMPA FL 33602

Name

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

Suite 1265
101 E. Kennedy Blvd.

City TAMPA

FL

Zip Code

33602

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 Robert P. Polli

[Signature]

1-11-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLLI, ROBERT P. 101 E. KENNEDY BLVD. TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000

Date

813 222-8350

Daytime Phone #

CR2E034 (9/99)