

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **V65752**

1. Entity Name

**KINGERY, CROUSE & HOHL, P.A.****FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90067 013 \*\*\*150.00

03-21-2001

Principal Place of Business  
**4350 WEST CYPRESS ST.  
STE 275  
TAMPA FL 33607  
US**

Mailing Address  
**4350 WEST CYPRESS ST.  
STE 275  
TAMPA FL 33607  
US**

**D0027687**

DO NOT WRITE IN THIS SPACE

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 <b>59-3144594</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent****KINGERY, MARK G  
15601 WALDEN ROAD  
TAMPA FL 33618****7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

**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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KINGERY, MARK G	15601 WALDEN ROAD	TAMPA FL	
STD	CROUSE, CHARLES	4350 W CYPRESS ST STE 275	TAMPA FL 33607	
VPD	HOHL, TIMOTHY M	4707 WINDFLOWER CIR	TAMPA FL 33624	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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 like empowered.****SIGNATURE:****Mark G Kingery President****3/16/2001****874-1200****X222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)