

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

DOCUMENT # **P00000045424**

05-10-2001 90153 045 ***150.00

1. Entity Name
EDWARD HALLGREN, CPA, P.A.

CPA

Principal Place of Business: **140 COLLINS AVENUE #104 MIAMI FL 33154**
 Mailing Address: **3143 COLLINS AVENUE #104 MIAMI FL 33154**

City
8093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **10200 GANDY BLVD Suite, Apt. #, etc. 1007 ST. PETERSBURG FL**
 3. Mailing Address: **10200 GANDY BLVD Suite, Apt. #, etc. 1007 ST. PETERSBURG FL**

4. FEI Number: **05-1004665**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525**
 Name: **EDWARD HALLGREN**
 Street Address (P.O. Box Number is Not Acceptable): **10200 GANDY BLVD # 1007 ST. PETERSBURG, FL 33702**
 City: **FL** Zip Code: **33702**

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: *E. Hallgren* **PROVINT** DATE: **4/29/01**

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, 2001 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: PRESIDENT | <input type="checkbox"/> Delete | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: EDWARD J. HALLGREN | | NAME: | |
| STREET ADDRESS: 10200 GANDY BLVD #1007 | | STREET ADDRESS: | |
| CITY-ST-ZIP: ST. PETERSBURG, FL 33702 | | CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | NAME: | |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | CITY-ST-ZIP: | |
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| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | 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 507, 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 employees.
E. Hallgren **4/29/01 727-217-4421**