

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90002 030 ***150.00

DOCUMENT # P93000074423

1. Entity Name

TIMOTHY PATRICK DRISCOLL, P.A.

Principal Place of Business

Mailing Address

501 - 1ST AVE. NORTH
 STE. 700
 ST. PETERSBURG FL 33701

501 - 1ST AVE. NORTH
 STE. 700
 ST. PETERSBURG FL 33701-3343

2. Principal Place of Business

150 SECOND AV. N.

3. Mailing Address

150 SECOND AV. N.

Suite, Apt. #, etc.

1500

Suite, Apt. #, etc.

1500

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33701

Country

Zip

33701

Country

4. FEI Number

59-3207124

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

DRISCOLL, TIMOTHY P
501 - 1ST AVE. NORTH
STE. 700
ST. PETERSBURG FL 33701

Name

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

150 SECOND AVE. N.
#1500

City

ST. PETERSBURG

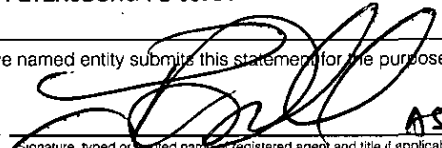
FL

Zip Code

33701

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



AS Pres.

2-1-00

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.

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 Delete
PSD
 NAME **DRISCOLL, TIMOTHY P**
 STREET ADDRESS **501 - 1ST AVE. NORTH, #700**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE Change Addition
PSD
 NAME **DRISCOLL, TIMOTHY P.**
 STREET ADDRESS **150 SECOND AVE. N. #1500**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

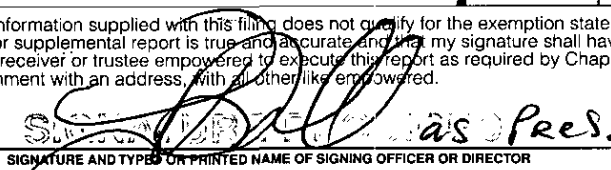
TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:



2-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)