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

## Ian 17 2001 8:00 am

1. Entity Nam	MENT # <b>P990000</b> i J. Daigneault, Jr., P.A.	87826		Secretary of State 01-17-2001 90096 003 ***150.00	
Principal Place of Business 2931 VALENCIA LANE, E. PALM HARBOR FL 34684		Mailing Address 2931 VALENCIA LANE. E. PALM HARBOR FL 34684			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3601906 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
DAIGNEAULT, JOSEPH J JR. 2931 VALENCIA LANE, E. PALM HARBOR FL 34684			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regi	istered agent, or both, in the State of Florida.	
SIGNATURE.	Signature, typed or printed name of registered agent en	d title if applicable. (NOTE: F	Registered Agent signature req	quired when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FEE IS \$150.00 I Fee will be \$550.0 to Department of \$	i trust fund Continuation. 🗀 Added to Fees I	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAIGNEAULT, JOSEPH J JR. 2931 VALENCIA LANE, E. PALM HARBOR FL 34684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
13. I hereby of indicated	on this report or supplemental report is to	rue and accurate and that my	ne exemption stated in signature shall have the	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director (607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE: