## **FILED** Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90262 047 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

598918

**DOCUMENT #** 1. Entity Name

DONALD L. TUCKER, P.A.

Principal Plac 262 ROSEHILL TALLAHASSEE US	. DR NORTH		262 ROSEHILL DRIVE NORTH TALLAHASSEE FL 32312						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			<b>4.</b> F	4. FEI Number 59-1869011 Applied For Not Applicable			
Zip	Country	Zip	Countr	Country		Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Curre	ent Registered Agent			7. N	lame and Address of New Registere	d Agent		
	<u> </u>			Name		<del></del>			
· ·	DONALD L	ه ۱۰ ما دول در استان می این این این این این این این این این ای	Street Addres		s (P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE FL 32303								
				City			Zip Cod	e	
8. The above	named entity submits this statement	•		d office or regist			E		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)		After May 1, 2	FILE NOW!!! FEE IS \$ After May 1, 2002 Fee will Make Check Payable to Depar		tate	Election Campaign Financing     Trust Fund Contribution.	☐ Added	May Be	
11.	OFFICERS A	ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TUCKER, DONALD L 116 EAST THIRD AVENUE TALLAHASSEE FL	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete		l			☐ Change	☐ Addition	
TITLE  NAME-  STREET ADDRESS  CITY-ST-ZIP		Delete		ET ADDRESS ST-ZIP	্টিশ পুতা, ঃ	y apon neg r <u>aparata</u> neg a skirt	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i		,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ 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 readiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 4