2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90077 043 ***150.00

DOCUMENT # 602681

1. Entity Name

S. THOMPSON TYGART, JR., P.A.

Principal Place of Business	Mailing Address
9550 REGENCY SQUARE BLVD. SUITE #103, BARNETT REGENCY TOWER JACKSONVILLE FL 32225-8164 US	9550 REGENCY SQUARE BLVD. STE 103 JACKSONVILLE FL 32225-8148 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4741 Atlantic Blvd.	4741 Atlantic Blvd.
Suite, Apt. #, etc.: Suite B-6	Suite, Apt. #, etc.: Suite B-6
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32207-2168 Country: USA	Zip: 32207-2168 Country: USA

4. FEI Number 59-1315061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TYGART JR,S T
9550 REGENCY SQUARE BLVD (change of address only)
SUITE 103, BARNETT REGENCY TOWER
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name: S. THOMPSON TYGART, JR.
Street Address (P.O. Box Number is Not Acceptable): 4741 Atlantic Blvd.
Suite B-6
City: Jacksonville FL Zip Code: 32207-2168

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 _____
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. (See criteria on back) ☒

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TYGART JR., S.T. ~~103 BARNETT REGENCY TOW~~ JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4741 Atlantic Blvd., Suite B-6 Jacksonville, FL 32207-2168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COOPER, GAYLE C. 103 BARNETT REGENCY TOW JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHULER, CARL SCOTT 103 BARNETT REGENCY TOW JACKSONVILLE FL	☒ 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
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CR2F034 (9/99)

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: X SIGNATURE REQUIRED 1-3-00 904-721-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
S. THOMPSON TYGART, JR.