

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 003 ***150.00

DOCUMENT # 606996

1. Entity Name
TIM W. KASKEY & CO., P.A.



Principal Place of Business
**2937 BUTLER BAY DRIVE NORTH
WINDEREMERE FL 34786**

Mailing Address
**2937 BUTLER BAY DRIVE NORTH
WINDEREMERE FL 34786**

2. Principal Place of Business

2610 NW 43 STREET

3. Mailing Address

2610 NW 43 STREET

Suite, Apt. #, etc.

1D

Suite, Apt. #, etc.

1D

City & State

GAINESVILLE, FL

City & State

GAINESVILLE FL

Zip

32606

Country

USA

Zip

32606

Country

USA

4. FEI Number **59-1877156**

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

KASKEY, TIM W.

2610 NW 43RD ST., STE. 2A 1D

GAINESVILLE FL

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 registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KASKEY, TIM W.
2610 NW 43RD ST., STE. 2A
GAINESVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)