

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F10529

1. Entity Name

TIMOTHY K. MAHON P.A.

Principal Place of Business

PH 'E' BARNETT BK TOWER
2929 E COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

Mailing Address

PH 'E' BARNETT BK TOWER
2929 E COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308-4240

2. Principal Place of Business

PH 'E' REPUBLIC SECURITY BANK BLDG

Suite, Apt. #, etc.

2929 E. COMMERCIAL BLVD

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

3. Mailing Address

PH 'E' REPUBLIC SECURITY BANK BLDG

Suite, Apt. #, etc.

2929 E. COMMERCIAL BLVD.

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2046344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHON, TIMOTHY K.
PH 'E' BARNETT BK TOWER
2929 E COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

MAHON, TIMOTHY K.

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

PH 'E' REPUBLIC SECURITY BANK BLDG.

2929 E. COMMERCIAL BLDG.

City

FT. LAUDERDALE

FL

Zip Code

33308

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)

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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

TITLE PD
NAME MAHON, TIMOTHY
STREET ADDRESS 2929 E COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (0/00)