2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # F49984** 1. Entity Name TIMOTHY P. FIELD, P.A. 04-10-2001 90005 035 ***150.00 Principal Place of Business Mailing Address HENRY P TRAWICK, P.A. 121 S. WORBLER LANE SARASOTA FL 34236 P O BOX 4019 542016 SARASOTA FL 34230 2. Principal Place of Business 3. Mailing Address P.O. Box 4009 121 S. Warbler Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0211333 Sarasota, Florida Sarasota, Florida Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34230 34236 USA USA Fee Required - - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIMOTHY P. FIELD Street Address (P.O. Box Number is Not Acceptable) 121 S. WAABLER LANE <u> 121 S. Warbler Lane</u> SARASOTA FL 34236 CORRECTION OF SPELLING OF STREET NAME Zip Code City Sarasota 34236 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. $\overline{ t PSTD}$ PSTD Change ☐ Addition TITL F 🔼 Delete TITLE FIELD, TIMOTHY P. FIELD, TIMOTHY P. NAME NAME STREET ADDRESS 121 S. WAEBLER LANE 121 S. Warbler Lane STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Sarasota, Florida 34236 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ---. Change _ Addition = TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
P. FIELD, AS President