

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90633 049 \*\*\*150.00

## DOCUMENT #

F88937

1. Entity Name

WAYNE S. TIMMERMAN, P.A.

Principal Place of Business

Mailing Address

101 South Franklin Street  
 Suite 101  
 Tampa, Florida 33602

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1857878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**C0069401**

6. Name and Address of Current Registered Agent

Timmerman, Wayne S.  
 Suite 101  
 101 South Franklin Street  
 Tampa, Florida

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when releasing)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE AGAIN! FEE IS \$150.00**  
**AFTER MAY 1, 2001 Fee will be \$250.00**  
**Make Check Payable to Department of Finance**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP  
 NAME Timmerman, Wayne S  
 STREET ADDRESS 101 S. Franklin St. #101  
 CITY-ST-ZIP Tampa, Florida 33602

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 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:

*Wayne S. Timmerman*

Wayne S. Timmerman/Ex-4/26/01 813-226-0476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CR2E034 (1/00)