

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F980000000060

1. Entity Name

T.J. CARRIGAN & COMPANY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90006 013 ***150.00

Principal Place of Business

8802 ROCKY CREEK DR
8
TAMPA FL 33615

Mailing Address

8802 ROCKY CREEK DR
8
TAMPA FL 33635-9762

2. Principal Place of Business

11282 W. Hillsborough Ave
Suite, Apt. #, etc.

3. Mailing Address

11282 W. Hillsborough Ave
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA, FL 3

4. FEI Number

58-2323488

Applied For

Not Applicable

Zip

33635

Country

Zip

33635

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRIGAN, THOMAS J
8802 ROCKY CREEK DR
STE 8
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name CARRIGAN, THOMAS J
Street Address (P.O. Box Number is Not Acceptable)
11282 W. Hillsborough Avenue
City TAMPA, FL Zip Code 33635

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CARRIGAN, THOMAS J	
STREET ADDRESS	21043 MARSH HAWK DR	
CITY-ST-ZIP	LAND O LAKES FL 34635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

813-854-3233

Daytime Phone #

CR2E034 (9/99)