2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G42349 **DOCUMENT #**

1. Entity Name

TIMOTHY G. ANDERSON, PROFESSIONAL ASSOCIATION



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90209 020 ***150.00

Principal Place of Business 213 SOUTH BREVARD TAMPA FL 33606		Mailing Address 213 SOUTH BREVARD TAMPA FL 33606				
) 615 11 016 11 516 11 016 11 18 6 1	
2. Principal Place of Business		3. Mailing Address			81811 81811 81811 81811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		— ☐ CHECK HERE IF MAKING (CHANGES	
City & State		City & State		4. FEI Number 59-2300808	Applied For	
Zip	Country	Zip -	- Country	5 Cartificate of Status Decired 5	Not Applicable 8:75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	ee Required	
ANDERSON, TIMOTHY G.			Name			
	ITH BREVARD AVENUE		Street Addres	s (P.O. Box Number is Not Acceptable)	· · · · · ·	
TAMPA F	L 33606-9211		-			
			City	FL	Zip Code	
8. The above	e named entity submits this statement for	the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida. I am fan	niliar with, and accept	
trie obliga	ations of registered agent.				and doopt	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NO:	TE: Registered Agent signature requir			
	FILE NOW!!! FEE IS \$150.00	(10		red when reinstating) DATE		
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, TIMOTHY G. 213 SO. BREVARD AVENUE TAMPA FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OJAN03