

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90141 047 ***150.00

DOCUMENT # H71750

1. Entity Name
LAW OFFICE OF THOMAS G. KANE, P.A.



Principal Place of Business
% THOMAS G. KANE
~~2816 EAST ROBINSON STREET, STE 200~~
~~ORLANDO FL 32803~~
US

Mailing Address
% THOMAS G. KANE
2816 EAST ROBINSON STREET, STE 200
ORLANDO FL 32803
US

2. Principal Place of Business
174 West Camrock
Suite, Apt. #, etc.
Suite 106

3. Mailing Address
1310 Magnolia Bay Ct
Suite, Apt. #, etc.

City & State
Winter Park FL

City & State
Maitland FL

Zip Country
32789 USA

Zip Country
32751 USA

4. FEI Number 59-2562499

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KANE, THOMAS G.
2816 EAST ROBINSON STREET
SUITE 200
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name Thomas G Kane
Street Address (P.O. Box Number is Not Acceptable)
1310 MAGNOLIA Bay Court
City Maitland FL Zip Code 32789

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KANE, THOMAS G. 2816 EAST ROBINSON STREET, SUITE ONE ORLANDO FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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

1-20-2003 407-8484130
Date Daytime Phone #

CR2E034 (10/02)