

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90098 042 ***150.00

DOCUMENT # H80043

1. Entity Name
DAVID E. CAVANAGH, D.C., P.A.

Principal Place of Business

**731 W. EMMA ST.
TAMPA FL 33603
US**

Mailing Address

**731 W. EMMA ST.
TAMPA FL 33603
US**

B0111700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

731 W. Emma St.

3. Mailing Address

731 W. Emma St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Fla.

City & State

Tampa Fla.

4. FEI Number

59-2618738

Applied For

Not Applicable

Zip

33603

Country

U.S.A.

Zip

33603

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAVANAGH, DAVID E.
3502 NEBRASKA AVENUE
TAMPA FL 33603**

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 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PST**
STREET ADDRESS **CAVANAGH, DAVID E.**
CITY-ST-ZIP **3502 NEBRASKA AVE.
TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

(813) 331-0634

Daytime Phone #

CR2E034 (9/01)