

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000362

1. Entity Name

THE LAW OFFICE OF TIM MORAN, L.C.

FILED

01 FEB 23 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SAME

300 S. HYDE PARK SUITE 250
TAMPA FL. 33606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

300 S. Hyde Park Ave

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 250

City & State

TAMPA FL

4. FEI Number

59-3684800

Applied For

Not Applicable

Zip

Country

Zip

Country

33606

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIM MORAN
300 S. HYDE PARK AVE
250
TAMPA FL. 33606

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE: MANAGER Delete
NAME: TIM MORAN
STREET ADDRESS: 300 S. HYDE PARK AVE
CITY-ST-ZIP: TAMPA FL 33606

TITLE: Change Addition
NAME: 100003782951-1
STREET ADDRESS: -02/27/01--01089--018
CITY-ST-ZIP: *****50.00 *****50.00

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

TITLE: Delete
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TITLE: Change Addition
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TITLE: Delete
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TITLE: Change Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Tim Moran Tim MORAN 20 Feb. 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

813. 253-3277

CR2E083 (11/00)