

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90232 013 ***150.00

DOCUMENT # L07795

1. Entity Name

DAVID J. MCCONNELL, III AND ASSOCIATES, INC.

Principal Place of Business

% DAVID J MCCONNELL III
1602 W SLIGH AVE #100
TAMPA FL 33604

Mailing Address

% DAVID J MCCONNELL III
1602 W SLIGH AVE #100
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2961979

Applied For

Not Applicable

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

MCCONNELL, DAVID J III
1602 W SLIGH AVE #100
TAMPA FL 33604

Name
MCCONNELL DAVID J III
Street Address (P.O. Box Number is Not Acceptable)
37517 45 19 NORTH
PALM HARBOR
City FL Zip Code 34684

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

DAVID J MCCONNELL III

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, 2001 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
NAME
D
MCCONNELL, DAVID J III
STREET ADDRESS
1602 W SLIGH AVE #100
CITY-ST-ZIP
TAMPA FL 33604 ☒ Delete

TITLE
NAME
MCCONNELL DAVID J III
STREET ADDRESS
37517 45 19 NORTH
CITY-ST-ZIP
PALM HARBOR, FL 34684 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

DAVID J. MCCONNELL III

Date

Daytime Phone #

4/16/2001
727-937-3100

04/27/01

CR2E034 (10/00)