

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90068 007 \*\*\*150.00

UBR1200

**DOCUMENT # L40981**

1. Entity Name  
**FRANCES A. MCCARTHY, C.P.A., P.A.**

Principal Place of Business

9805 HARRELL AVE  
 UNIT 301  
 TREASURE ISLAND FL 33706

Mailing Address

9805 HARRELL AVE  
 UNIT 301  
 TREASURE ISLAND FL 33706

**906395**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*7419 107th Ave N*

3. Mailing Address

*7419 107th Ave N*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*St Petersburg FL*

City & State

*St Petersburg FL*

4. FEI Number **65-0163946**

Applied For

Not Applicable

Zip

*33710*

Country

*USA*

Zip

*33710*

Country

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

**MCCARTHY, FRANCES A**  
**9805 HARRELL AVE 301**  
**TREASURE ISLAND FL 33706**

*7419 107th Ave N*  
*St Pete FL 33710*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  Delete  
 NAME **PD MCCARTHY, FRANCES A**  
 STREET ADDRESS **9805 HARRELL AVE 301**  
 CITY-ST-ZIP **TREASURE ISLAND FL 33706-3244**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS *7419 107th Avenue N*  
 CITY-ST-ZIP *St Petersburg FL 33710-7501*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 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:

*Frances A. McCarthy* **Frances A. McCarthy**

Date

*1/12/01 (727) 343-5177*

Daytime Phone #

CR2E034 (10/00)