

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 18, 2000 8:00 am**
Secretary of State

05-18-2000 90372 025 ***150.00

DOCUMENT # M80597

1. Entity Name

THOMAS P. ASSELIN CFP, INC.

Principal Place of Business

**1030 OAKWOOD DRIVE
DUNEDIN FL 34698**

Mailing Address

**1030 OAKWOOD DRIVE
DUNEDIN FL 34684-4118**

2. Principal Place of Business

2851 KAVAILER DR

Suite, Apt. #, etc.

3. Mailing Address

← SAME

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR, FLCity & State
← SAME4. FEI Number
59-2886689Applied For
☐ Not ApplicableZip
34684Country
PINELLASZip
← SAME

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

**ASSELIN, THOMAS P.
1030 OAKWOOD DRIVE
DUNEDIN FL 34698**

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

Thomas P. Asselin T.A.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00 T.A.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, 2000 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	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	PSD	ASSELIN, THOMAS P.	1030 OAKWOOD DR DUNEDIN FL	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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: **Thomas P. Asselin** **THOMAS P. ASSELIN** **4-25-00** **727-771-2735**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)