


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 26, 2003 8:00 am**  
**Secretary of State**

08-26-2003 90025 027 \*\*\*150.00

<b>DOCUMENT #</b> P00000008160 <b>1. Entity Name</b> PATRICK K. TOAL ASSOCIATES, INC. <i>2003</i>	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2512 ST. MICHEL CT. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2512 ST. MICHEL CT. Suite, Apt. #, etc.
<b>City &amp; State</b> PONTE VEDRA BEACH FL	<b>City &amp; State</b> PONTE VEDRA BEACH FL
<b>Zip</b> 32082	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 59-3612992	<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	Name <b>PATRICK K. TOAL</b> Street Address (P.O. Box Number is Not Acceptable) 2512 ST. MICHEL CT. City <b>PONTE VEDRA BEACH</b> <b>FL</b> <b>Zip Code</b> 32082	

**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. I am familiar with, and accept the obligations of registered agent.

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

**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PATRICK K. TOAL, 2512 ST MICHEL CT, PONTE VEDRA BEACH FL 32082	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**DO NOT WRITE IN THIS SPACE**

**12.** 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **PATRICK K. TOAL** **AUG 16, 2003** **(904)285-7708**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment #

80141103

PO0000008160

**Patrick K. Toal Associates, Inc**

2512 St. Michel Court      Ponte Vedra Beach Florida 32082  
TEL: 904-285-7708    FAX: 904-273-2924    Email: [ptoal@comcast.net](mailto:ptoal@comcast.net)

Division of Corporations  
PO Box 6327  
Tallahassee FL 32314-6327

*August 15, 2003*

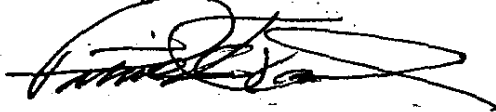
Dear Sir/Madame:

For the second year in a row, I have not received notice that this payment is due. Is it possible that there is an incorrect address on file...or that the something may have been mailed to my PO Box address?

In any case, please accept this payment for my annual fees and be assured that I have put into place a reminder for the following years.

Thank you.

Kind regards,



Patrick K. Toal  
President/Owner  
EIN#59-3612992