

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90033 030 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044866

1. Entity Name
Thomas J. McGoldrick, Inc

Principal Place of Business Mailing Address
7351 NW 9th St

Ft Lauderdale, FL
33317

2. Principal Place of Business 3. Mailing Address
7803 N Armenia Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
C

City & State City & State
Tampa, FL

Zip Country Zip Country
33604

4. FEI Number Applied For
65-1010010 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Thomas J. McGoldrick
7351 NW 9th St
Ft Lauderdale, FL 33317

7. Name and Address of New Registered Agent

Name
Thomas J. McGoldrick
Street Address (P.O. Box Number is Not Acceptable)
7803 N Armenia Ave
Suite C
City
Tampa FL Zip Code
33604

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 J. McGoldrick* Thomas J. McGoldrick *4/28/02*
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. ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ \$5.00
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
PST	Thomas J. McGoldrick	7803 N Armenia Ave Suite C	Tampa, FL 33604	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 J. McGoldrick* Thomas J. McGoldrick *4/28/02* 912-264-3818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)