

## 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # P0000061428</b> 1. Entity Name <b>INSTALLATION BY TOM DRISCOLL, INC.</b>	
Principal Place of Business <b>5341 5TH AVE. NW NAPLES FL 34119</b>	Mailing Address <b>5341 5TH AVE. NW NAPLES FL 34119</b>
2. Principal Place of Business <b>5341 Hickory Wood Dr.</b> Suite, Apt. #, etc.	3. Mailing Address <b>5341 Hickory Wood Dr.</b> Suite, Apt. #, etc.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 SEP 25 PM 12:48



DO NOT WRITE IN THIS SPACE

City & State <b>Naples, Florida</b>	City & State <b>Naples, Florida</b>	4. FEI Number <b>59-3658005</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34119</b>	Country <b>USA</b>	Zip <b>34119</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent  <b>DRISCOLL, THOMAS J 5341 5TH AVE. NW NAPLES FL 34119</b>	7. Name and Address of New Registered Agent Name <b>Driscoll, Thomas J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5341 Hickory Wood Dr.</b> City <b>Naples</b> FL Zip Code <b>34119</b>
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>DRISCOLL, THOMAS J</b> <b>5341 5TH AVE. NW</b> <b>NAPLES FL 34119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5341 Hickory Wood Dr.</b> <b>Naples, FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>DRISCOLL, ADRIANA</b> <b>5341 5TH AVE. NW</b> <b>NAPLES FL 34119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5341 Hickory Wood Dr.</b> <b>Naples, FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900004614169--4</b> <b>-09/27/01--01073--020</b> <b>****750.00 ****750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>9/26</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Adriana Driscoll* **Adriana Driscoll** 9-20-01 (941) 404-2032  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0097080 AV CR2E034 (5/01)