

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90419 009 ***150.00

DOCUMENT # P00000061428 ✓
1. Entity Name
Installation by Tom Driscoll, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5341 Hickory Wood Dr.
Suite, Apt. #, etc.

3. Mailing Address
5341 Hickory Wood Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34119 Country
USA

Zip
34119 Country
USA

FEI Number
59-3658005

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Driscoll, Thomas J.

Street Address (P.O. Box Number is Not Acceptable)
5341 Hickory Wood Dr.

Naples FL Zip Code
34119

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 re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$250.00
Amended UBR is \$51.25
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
<u>PTD</u> <u>Driscoll, Thomas J.</u> <u>5341 Hickory Wood Dr.</u> <u>Naples, FL 34119</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
<u>SD</u> <u>Driscoll, Adriana</u> <u>5341 Hickory Wood Dr.</u> <u>Naples, FL 34119</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 5/1/02 941-404-2032
Date: _____ Digitally Signed # _____

CR2E034B (12/01)