

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104907

1. Entity Name

MICHAEL J. BRANNIGAN, P.A.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90325 022 ***150.00

Principal Place of Business

3319 W BARCELONA ST
TAMPA FL 33629

Mailing Address

3319 W BARCELONA ST
TAMPA FL 33629

2. Principal Place of Business

304 PLANT AVE

Suite, Apt. #, etc.

3. Mailing Address

304 PLANT AVE

Suite, Apt. #, etc.

City & State

TAMPA

City & State

TAMPA

FL

Zip

33606

Country

US

Zip

33606

Country

US

4. FEI Number

593682022

Applied For

Not Applicable

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

BRANNIGAN, MICHAEL JOHN
3319 W BARCELONA ST
TAMPA FL 33629

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

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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	BRANNIGAN, MICHAEL JOHN	
STREET ADDRESS	3319 W BARCELONA ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

Date

(813) 258-5100

Daytime Phone #

CR2E034 (10/00)