

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90034 023 \*\*\*150.00

**DOCUMENT # P01000011784**  
 1. Entity Name  
**THOMAS P. O'CONNELL, D.D.S., P.A.**

Principal Place of Business  
 1700 WELLS ROAD SUITE 25  
 ORANGE PARK FL 32073

Mailing Address  
 1700 WELLS ROAD SUITE 25  
 ORANGE PARK FL 32073



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4235 MARSH LANDING BLVD**  
**APT # 524**

DO NOT WRITE IN THIS SPACE

City & State  
**JACKSONVILLE, FL**

4. FEI Number  
**59-3698926**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WATSON, TODD ESQ**  
**7785 BAYMEADOWS WAY SUITE 107**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'CONNELL, THOMAS P</b> <b>1700 WELLS ROAD SUITE 25</b> <b>ORANGE PARK FL 32073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4235 MARSH LANDING BLVD APT 524</b> <b>JACKSONVILLE, FL 32250</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
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
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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 P. O'CONNELL DATE: 1/19/02 904 543 1653