

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0537839 AV

DOCUMENT # P02000005818

1. Entity Name
THOMAS P. O'FLANAGAN, P.A.



FILED

03 NOV 19 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3220 BERMUDA ISLE CIRCLE #1138
NAPLES FL 34109

Mailing Address
3220 BERMUDA ISLE CIRCLE #1138
NAPLES FL 34109



2. Principal Place of Business
829 TANBARK Dr. #202
Suite, Apt. #, etc.

3. Mailing Address
829 TANBARK Dr. #202
Suite, Apt. #, etc.

REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FL
Zip
34108

City & State
NAPLES, FL
Zip
34108

4. FEI Number
02 0538618
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'FLANAGAN, THOMAS P
3220 BERMUDA ISLE CIRCLE #1138
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name
THOMAS P. O'FLANAGAN
Street Address (P.O. Box Number is Not Acceptable)
829 TANBARK Dr #202
City
NAPLES, FL
Zip Code
34108

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Thomas P. O'Flanagan, PA

11/19/2003
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'FLANAGAN, THOMAS P 3220 BERMUDA ISLE CIRCLE #1138 NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS P. O'FLANAGAN 829 TANBARK Dr. 202 NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100021856504 11/19/03- 01041--021 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE
THOMAS P. O'FLANAGAN, PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2003 239-404-3222
Date Daytime Phone #

CR2E034 (10/02)