

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90104 011 ***150.00

DOCUMENT # P02000040316

1. Entity Name
TOM BISHOP, P.A.



Principal Place of Business
**13121 N. MILITARY TRAIL
DELRAY BEACH FL 33484**

Mailing Address
**13121 N. MILITARY TRAIL
DELRAY BEACH FL 33484**



2. Principal Place of Business
13121 N. MILITARY TRAIL
Suite, Apt. #, etc.

3. Mailing Address
13121 N. MILITARY TRAIL
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL
Zip
33484
Country
USA

City & State
DELRAY BEACH, FL
Zip
33484
Country
USA

4. FEI Number
41-2038152
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BISHOP, TOM
11384 SEAGRASS CIRCLE
BOC RATON FL**

7. Name and Address of New Registered Agent

Name **BISHOP, TOM**
Street Address (P.O. Box Number is Not Acceptable)
15755 MENTON BAY COURT
City **DELRAY BEACH** FL Zip Code **33446**

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 **TOM Bishop**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-03
DATE

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	<input type="checkbox"/> Delete
DPV	BISHOP, TOM	13121 N. MILITARY TRAIL	DELRAY BEACH FL 33484	<input type="checkbox"/>
ST	BISHOP, TOM	13121 N. MILITARY TRAIL	DELRAY BEACH FL 33484	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE OF REGISTERED AGENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03 **(561) 498-5200**
Date Daytime Phone # **apt. 3**

CR2E034 (10/02)