# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P02000129243

1. Entity Name

Ross, Cregan & Associates, Inc.

FILED
04 JUN 10 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4636 Glissade Drive | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: New Port Richey, FL., | City & State |
| Zip: 34652-5319 Country: Pasco | Zip Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 56-2307103 ☐ 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: Kevin J. Cregan

Street Address (P.O. Box Number is Not Acceptable): 4636 Glissade Drive

City: New Port Richey, **FL** Zip Code: 34652-5319

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: Kevin J. Cregan President DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | President |
| NAME | Kevin J. Cregan |
| STREET ADDRESS | 4636 Glissade Drive |
| CITY-ST-ZIP | New Port Richey, FL., 34652-5319 |

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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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06/29/04--01058--018 **150.00

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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kevin J. Cregan KEVIN J. CREGAN President 5/28/04 727-848-4068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

Richard A. Davis

CERTIFIED PUBLIC ACCOUNTANT, P.A.

June 8, 2004

Divison of Corporations
PO Box 6327
Tallahassee, FL., 32314

RE: Ross, Cregan & Associates, Inc.

Dear Sirs:

Please be advised that our client never received the inclosed form. I, therfore, requ3st that the penalty be waived in regard to this matter and have enclosed a check in the amount of $150.00

Thank you for your consideration in this matter.

Very truly yours,

Richard A. Davis, CPA

2739 US Hwy 19 • Suite 200 • Holiday, Florida 34691 • (727) 937-1671