

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

DOCUMENT # 005000045808

1. Entity Name

Thomas J. Fitzpatrick, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7610 Gates Circle

3. Mailing Address

7610 Gates Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Spring Hill, Florida

City & State
Spring Hill, Florida

4. FEI Number 52-2456089

Applied For
Not Applicable

Zip
34606-5216

Country
USA

Zip
34606-5216

Country
USA

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 Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City Miami

FL

Zip Code
33145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Thomas J. Fitzpatrick
761 Gates Circle, Spring Hill, Fl. 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Thomas J. Fitzpatrick
7610 Gates Circle, Spring Hill, Fl. 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200072715032
04/28/06--01029--027 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Thomas J. Fitzpatrick
7610 Gates Circle, Spring Hill, Fl. 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Fitzpatrick, President

Date

352-584-0910

Daytime Phone #

CR20034B (12/02)