

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90013 003 ***150.00

DOCUMENT # P31763

1. Entity Name

CONCANNON, GALLAGHER, MILLER & COMPANY, P. C.

Principal Place of Business

**9800 FOURTH ST. NORTH
 STE 300
 ST. PETERSBURG FL 33702
 US**

Mailing Address

**9800 FOURTH ST. NORTH
 STE 300
 ST. PETERSBURG FL 33702
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2620120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTOCK, JOHN G., CPA
 9800 FOURTH STREET NORTH, SUITE 300
 ST. PETERSBURG FL 33702**

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

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

(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
**PD
 OSTER, ROBERT
 142 WEDGEWOOD RD
 BETHLEHEM PA 18017** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 MASON, WILLIAM C.
 3822 THOMAS DRIVE
 EMMAUS PA** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 Michael R. Miller
 1515 Martin Luther King Drive
 Allentown, Pa. 18102** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 SHARKEY, JOHN
 5446 DORIS DRIVE
 ALLENTOWN PA 18106** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 E. Barry Hatzel
 2045 Westgate Drive
 Lehigh Valley, Pa. 18002** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 ESTOCK, JOHN G.
 1551 EXCALIBUR DRIVE
 CLEARWATER FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

727 577-7620

Daytime Phone #

CR2E034 (9/01)