

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90018 046 ***150.00

DOCUMENT # P94000000338

1. Entity Name

D.W. FLYNN & ASSOCIATES, PA

Principal Place of Business

4349 WORTHINGTON CI.
PALM HARBOR FL 34685

Mailing Address

4349 WORTHINGTON CI.
PALM HARBOR FL 34685

2. Principal Place of Business

2589 BURNFORK DR

Suite, Apt. #, etc.

3. Mailing Address

2589 BURNFORK DR

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number 59-3218135

Applied For

Not Applicable

Zip

Country

33761

U.S.A.

Zip

Country

33761

U.S.A.

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

FLYNN DONALD W
4349 WORTHINGTON CIRCLE
PALM HARBOR FL 34685

Name

DONALD W. FLYNN

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

2589 BURNFORK DR

City

CLEARWATER

FL

Zip Code

33761

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

3-11-01

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, 2001 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 FLYNN, DONALD W 4349 WORTHINGTON CI PALM HARBOR FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DONALD 2589 BURNFORK DR CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLYNN, DANIEL E 4349 WORTHINGTON CIRCLE PALM HARBOR FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIEL E. FLYNN 2589 BURNFORK DR CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLYNN MARY A 4349 WORTHINGTON CIRCLE PALM HARBOR FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARY A FLYNN 2589 BURNFORK DR CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DONALD W. FLYNN

D.W. FLYNN

3-11-01

727-725-9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)