

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90006 038 ***150.00

DOCUMENT # P94000006377

1. Entity Name

DOUGHERTY, O'MALLEY & MILLS, P.A.

Principal Place of Business

906 NORTH BELCHER ROAD
 CLEARWATER FL 33765-2105
 US

Mailing Address

906 NORTH BELCHER ROAD
 CLEARWATER FL 33765-2105
 US

2. Principal Place of Business

3. Mailing Address

5370 SPRING HILL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SPRING HILL, FL

Zip

Country

Zip

Country

34606

4. FEI Number **59-3215825**

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

**DOUGHERTY, ROBERT A
 906 NORTH BELCHER ROAD
 CLEARWATER FL 34625**

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, 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 **PD** ☐ Delete
 NAME **DOUGHERTY, ROBERT A**
 STREET ADDRESS **8712 BAY CREST LANE**
 CITY-ST-ZIP **TAMPA FL 33615**

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

TITLE **VD** ☐ Delete
 NAME **O'MALLEY, THOMAS R**
 STREET ADDRESS **2185 CENTERVIEW COURT N.**
 CITY-ST-ZIP **CLEARWATER FL 33759**

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

TITLE **STD** ☐ Delete
 NAME **MILLS, PAMELA J**
 STREET ADDRESS **7466 OAK TREE LANE**
 CITY-ST-ZIP **SPRING HILL FL 34607**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE: *Robert Dougherty*

ROBERT DOUGHERTY

x 3-16-01 727-442-1965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)