

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

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90111 023 \*\*\*150.00

DOCUMENT # **Pq4000032765** ✓

1. Entity Name

A. DEAN HOOLIHAN, P.A.

**DO NOT WRITE IN THIS SPACE**

822328

2. Principal Place of Business  
2790 Sunset Point Road

3. Mailing Address  
2790 Sunset Point Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clearwater, FL

City & State  
Clearwater, FL

4. FEI Number  
59-323795

Applied For  
Not Applicable

Zip  
33759

Country  
USA

Zip  
33759

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
A. Dean Hoolihan

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

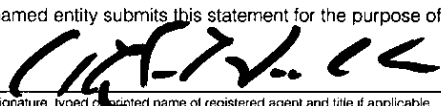
2790 Sunset Point Road

City  
Clearwater

FL

Zip Code  
33759

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  A. Dean Hoolihan, President 02/ /02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Secretary  
A. Dean Hoolihan  
2790 Sunset Point Road  
Clearwater, FL 33759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:  A. Dean Hoolihan 02/ /02 (727) 796-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR2E034B (12/01)