

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003970

1. Entity Name

THOMAS F. MCMORROW, P.A.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90043 019 ***150.00

Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD.
SUITE 1836
JACKSONVILLE FL 32207

1301 RIVERPLACE BLVD.
SUITE 1836
JACKSONVILLE FL 32207-9022

2. Principal Place of Business

3. Mailing Address

3707 HENDRICKS AVE.

3707 HENDRICKS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32207

USA

32207

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMORROW, THOMAS F
1301 RIVERPLACE BLVD.
SUITE 1836
JACKSONVILLE FL 32207

Name

McMorrow, Thomas F (CHANGE OF ADDRESS ONLY)

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

3707 HENDRICKS AVE.

City

JACKSONVILLE

FL

Zip Code

32207

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

Thomas F. McMorrow, President

4/3/00

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, 2000 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 DPT
NAME MCMORROW, THOMAS F
STREET ADDRESS 6714 LINFORD LANE
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DPT
NAME MCMORROW, THOMAS F
STREET ADDRESS 6750 EPPING FOREST WAY NORTH, #103
CITY-ST-ZIP JACKSONVILLE, FL ☒ Change ☐ Addition

TITLE S
NAME MCMORROW, LINDA C
STREET ADDRESS 6714 LINFORD LANE
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE S
NAME MCMORROW, LINDA C.
STREET ADDRESS 6750 EPPING FOREST WAY NORTH, #103
CITY-ST-ZIP JACKSONVILLE, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Thomas F. McMorrow, President

Date

4/3/2000 (904) 396-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)