

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90184 024 ***150.00

DOCUMENT # P95000004220

1. Entity Name
THOMAS E. GERRITY, P.A.

Principal Place of Business

1900 MAIN STREET E
SUITE 201 311
SARASOTA FL 34236

Mailing Address

1900 MAIN STREET E
SUITE 201 311
SARASOTA FL 34236

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 **65-0541449**

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

GERRITY, THOMAS E
1900 MAIN STREET
SUITE 201 311
SARASOTA FL 34237

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **D**
 STREET ADDRESS **GERRITY, THOMAS E**
 CITY-ST-ZIP **6340 DRAW LANE 6435 DRAW LANE**
SARASOTA FL 34238

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
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TITLE ☐ Change ☐ Addition
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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/02

(941) 361-4498

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Ac. # 150000420 7/3/02

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Thomas E. Gerrity, P.A.

Gentlemen:

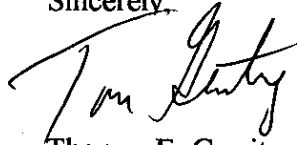
Enclosed please find my check for \$150.00 along with my 2002 Uniform Business Report.

As I told Steve of your organization on July 2nd, 2002, I did not receive the previous Uniform Business Report. Since June of last year, my suite number has been 311 instead of 201, and I assume the previous report that you mailed to me was not forwarded to me by the Post Office.

I would greatly appreciate it if you would accept my check for \$150.00 for this year's report, as the late payment was inadvertant on my part.

Thank You.

Sincerely,


Thomas E. Gerrity