

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90015 016 ***150.00

DOCUMENT # P95000005576

1. Entity Name

BIRD, LUCAS & COMPANY, P.A.



Principal Place of Business

~~1325 SNELL ISLE BLVD., N.E.~~
~~SUITE 217~~
~~ST. PETERSBURG FL 33704~~

Mailing Address

~~1325 SNELL ISLE BLVD., N.E.~~
~~SUITE 217~~
~~ST. PETERSBURG FL 33704~~

34017783



MOORE CR2E034 (11/03)

2. Principal Place of Business

7901 4TH ST N.

3. Mailing Address

7901 4TH ST N

Suite, Apt. #, etc.

SUITE 315

Suite, Apt. #, etc.

SUITE 315

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG FL

4. FEI Number

59-3286329

Applied For

Not Applicable

Zip

33702

Country

USA

Zip

33702

Country

USA

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

LUCAS, JOSEPH C

~~1325 SNELL ISLE BLVD., N.E.~~

~~SUITE 217~~

~~ST. PETERSBURG FL 33704~~

Name

LUCAS, JOSEPH C

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

7901 4TH ST N

SUITE 315

City

ST PETERSBURG

FL

Zip Code

33702

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 **JOSEPH C. LUCAS**

Signature, typed or printed name of registered agent and title if applicable.

Joseph Lucas

(NOTE: Registered Agent signature required when reinstating)

2/5/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LUCAS, JOSEPH C**
STREET ADDRESS **1964 MASSACHUSETTS AVE., NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Lucas* (**JOSEPH C. LUCAS**)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04

Date

727-577-5570

Daytime Phone #