

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA60000 46590**

1. Entity Name

~~LAW OFFICE OF THOMAS A. SHAFFER, P.A.~~  
**LAW OFFICE OF THOMAS A. SHAFFER, P.A.**



FILED

04 MAR 18 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9501 US 19**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 208**

City & State

City & State

**PORT RICHEY**

**FLORIDA**

Zip

Country

Zip

Country

**34**

**34768**

**USA**

4. FEI Number

**59-3324491**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

**THOMAS A. SHAFFER**

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

**183-114 THERRACE NE**

City

**ST PETERSBURG**

**FL**

Zip Code

**33716**

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 type of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE	<b>PRESIDENT</b>
NAME	<b>THOMAS A. SHAFFER</b>
STREET ADDRESS	<b>183-114 THERRACE NE</b>
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33716</b>
TITLE	<b>J.P.</b>
NAME	<b>SAME AS ABOVE</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>TRES.</b>
NAME	<b>SAME AS ABOVE</b>
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	<b>400030723744</b>
CITY-ST-ZIP	<b>03/18/04--01033--026 **150.00</b>
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3.15.04 727.849.1889**

CR2E034B (12/02)