

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90128 032 ***150.00

DOCUMENT # P95000051321

1. Entity Name

FREDERICK C. THACHER, C.P.A., P.A.

Principal Place of Business

Mailing Address

9750 SEMINOLE BLVD
 SUITE 1
 SEMINOLE FL 33772
 US

9165 126TH WAY NORTH
 SEMINOLE FL 33776-2529

2. Principal Place of Business

3. Mailing Address

9750 Seminole Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

City & State

City & State

Seminole FL

Zip

Country

Zip

Country

33772

USA

4. FEI Number

59-3332976

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THACHER, FREDERICK C
 115 112TH AVE NE
 #628
 ST PETERSBURG FL 33716

Name

Thacher, Frederick C.

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

2914 Ballast Point Blvd

City

Tampa

FL

Zip Code

33611

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

Frederick C Thacher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	THACHER, FREDERICK C	9165 126TH WAY NORTH	SEMINOLE FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Additio
		2914 Ballast Point Blvd	Tampa, FL 33611	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

Frederick C Thacher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

Date

Daytime Phone #

(727) 391-4800