

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90018 032 ***150.00

037015

DOCUMENT # P96000004124

1. Entity Name
CAREY & HILBERT, P.A.

Principal Place of Business 622 BYPASS DR. SUITE 100 CLEARWATER FL 34624	Mailing Address 622 BYPASS DR. SUITE 100 CLEARWATER FL 34624
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 622 Bypass Drive Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL	3. Mailing Address 622 Bypass Drive Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL
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4. FEI Number 59-3361058	Applied For <input type="checkbox"/> Not Applicable
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Zip 33764 Country USA	Zip 33764 Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CAREY, THOMAS W
622 BYPASS DR.
SUITE 100
CLEARWATER FL 34624

7. Name and Address of New Registered Agent
 Name **Carey, Thomas W**
 Street Address (P.O. Box Number is Not Acceptable) **622 Bypass Drive**
Suite 100
 City **Clearwater** FL Zip Code **33764**

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CAREY, THOMAS W 622 BYPASS DR., STE. 100 CLEARWATER FL 34624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HILBERT, JAMES 622 BYPASS DRIVE SUITE 100 CLEARWATER FL 34624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Carey, Thomas W 622 Bypass Drive, Suite 100 Clearwater, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hilbert, James R Jr. 622 Bypass Drive, Suite 100 Clearwater, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date **2/15/01** (27) PA-3900 Daytime Phone # _____

CR2E034 (10/00)