

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

622 Bypass Drive

3. Mailing Address

622 Bypass Drive

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33764

Country

USA

Zip

33764

Country

USA

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

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 \$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. ☐ **\$5.00 May Be Added to Fees**

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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01 (27) PA-3900  
Date Daytime Phone #

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

02-21-2001 90018 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3361058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

037015

CR2E034 (10/00)