2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91767 037 ***150.00

001247 AV

DOCUMENT # P96000029624

1. Entity Name
TIMOTHY J. CONNER, P.A.

Principal Place of Business	Mailing Address
~~1 FLORIDA PARK DRIVE NORTH~~	~~1 FLORIDA PARK DRIVE NORTH~~
~~SUITE 110~~	~~SUITE 110~~
PALM COAST FL 32137	PALM COAST FL 32137

2. Principal Place of Business	3. Mailing Address
2 JUNGLE HUT RD	2 JUNGLE HUT RD
Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc. SUITE 1
City & State PALM COAST, FL	City & State PALM COAST FL
Zip 32137 / Country FLAGLER	Zip 32137 / Country FLAGLER

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3377024 ☐ Applied For ☐ Not Applicable

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
CONNER, TIMOTHY J	Name
~~1 FLORIDA PARK DRIVE NORTH~~	Street Address (P.O. Box Number is Not Acceptable) 2 JUNGLE HUT RD
~~SUITE 110~~	
PALM COAST FL 32137	City PALM COAST FL Zip Code 32137

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] 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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 NAME CONNER, TIMOTHY J STREET ADDRESS ~~1 FLORIDA PARK DRIVE NORTH STE 110~~ CITY-ST-ZIP ~~PALM COAST FL 32137~~	☐ Delete	TITLE NAME TIMOTHY J. CONNER STREET ADDRESS 2 JUNGLE HUT RD CITY-ST-ZIP PALM COAST, FL 32137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] 5-1-03 386-445-9322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #