

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

08-21-2001 90006 012 \*\*\*550.00

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**DOCUMENT # P97000019912**  
 1. Entity Name  
**LAW OFFICES OF PETER R. GIROUX, P.A.**

Principal Place of Business      Mailing Address  
**1001 THIRD AVENUE WEST**      **1001 THIRD AVENUE WEST**  
**SUITE 360**      **SUITE 360**  
**BRADENTON FL 34205**      **BRADENTON FL 34205**

2. Principal Place of Business      3. Mailing Address  
**300 1st Ave. South**      **300 1st Ave. South**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 404**      **Suite 404**  
 City & State      City & State  
**St. Petersburg, FL**      **St. Petersburg, FL**  
 Zip      Country      Zip      Country  
**33701**      **USA**      **33701**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0732244**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GIROUX, PETER R**  
**1001 THIRD AVENUE WEST**  
**SUITE 360**  
**BRADENTON FL 34205**

7. Name and Address of New Registered Agent  
 Name **Giroux, Peter R.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**300 1st Ave. South**  
**Suite 404**  
 City, State, Zip Code  
**St. Petersburg, FL 33701**

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]*      DATE **8/14/01**  
Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIROUX, PETER R</b>	
STREET ADDRESS	<b>1001 THIRD AVENUE WEST, SUITE 360</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Peter R. Giroux</b>	
STREET ADDRESS	<b>300 1st Ave. South, Suite 404</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*      DATE **8/14/01**      DAYTIME PHONE # **727-895-5399**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)