2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000030738 **DOCUMENT #**

1. Entity Name

THOMAS C. MACDONALD, JR., P.A.



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90150 043 ***150.00

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-	ce of Business	Mailing Addres	5								
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Suite, Apt	. π, etc.	Suite, Apt. #,	atc.			☐ CHECK HERE	IF MAKING CHAI	NGES			
City & State City & State						FEI Number FO 04404FO	· · · · · · · · · · · · · · · · · · ·	IAF	plied For	_	
Tampa, Florida Tampa Florid						59-3443158			t Applicable	╛	
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<u> </u>	19 06 H	130624	<i></i>	<u> </u>		· <u>-</u>	- Fee He	equirec	d	╝	
	6. Name and Address of Current I	Registered Agent		Name na	7.	Name and Address of New R	egistered Agent			4	
MACDONALD, THOMAS C JR.					MacDonald Thomas C Jr.						
100 N TAMPA ST					Street Address (P.O. Box Number is Not Acceptable)						
				10	404	Holly Lane				4	
STE 2100						•				1	
tampa fi	L 33602			City			■ Zir	Code	- 4	\dashv	
8 The above	named ontitu submits this statement for	*h		1 - 11	Tam	Pa .	FL 4	136	24	_	
the obliga	e named entity submits this statement for tions of registered agent.	ine purpose of cha	inging its register	red office or reg	gistered ag	ent, or both, in the State of Flo	rida. I am familiar	with, a	and accept	ĺ	
2010 112 1/0 Pap											
SIGNATURE	Signature, typed or printed name of registered agent ar	V/P					1/29/0	<u> </u>			
	Signature, typed or printed name or registered agent ar	по тпе іт аррігсавіе.	(NOTE: Registere	ed Agent signature re	equired when re	einstating)	DATE			╛	
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Fina	anoina (e- 0	.		
	r May 1, 2003 Fee will be \$550.00					Trust Fund Contribution	`		May Be to Fees		
	k Payable to Florida Department of							.0000	10 1 000	1	
10.	OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	11.	·	AD	DITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS	IN 11	Ī.	
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12. I hereby certify that the information supplied with this filling 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: