

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90150 043 \*\*\*150.00

**22000808**



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P97000030738	
<b>1. Entity Name</b> THOMAS C. MACDONALD, JR., P.A.	

<b>Principal Place of Business</b> 100 NORTH TAMPA ST STE 2100 TAMPA FL 33602 US	<b>Mailing Address</b> 100 N TAMPA ST STE 2100 TAMPA FL 33602 US
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<b>2. Principal Place of Business</b> 1904 Holly Lane Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1904 Holly Lane Suite, Apt. #, etc.
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<b>City &amp; State</b> Tampa, Florida	<b>City &amp; State</b> Tampa, Florida
<b>Zip</b> 33629	<b>Country</b> USA

<b>4. FEI Number</b> 59-3443158	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> MACDONALD, THOMAS C JR. 100 N TAMPA ST STE 2100 TAMPA FL 33602
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<b>7. Name and Address of New Registered Agent</b> Name: MacDonald, Thomas C Jr. Street Address (P.O. Box, Number is Not Acceptable): 1904 Holly Lane City: Tampa FL Zip Code: 33629
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<b>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.</b> SIGNATURE: <i>Thomas C. MacDonald Jr.</i> DATE: 1/29/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, THOMAS C JR. 100 N TAMPA ST, STE 2100 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1904 Holly Lane Tampa, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> <i>Thomas C. MacDonald Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/29/03	813-254-9871
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CR2E034 (10/02)