## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 14, 2000 8:00 am Secretary of State DOCUMENT # P97000040124 1. Entity Name JAMES M. CORRIGAN, P.A. 02-14-2000 90038 001 \*\*\*150.00 Principal Place of Business Mailing Address E-GOVERNMENT-ST -201-E-GOVERNMENT-ST 08:00LA FL 32501 PENSACOLA FL 32501-3306 2. Principal Place of Business 3. Mailing Address $A \sim E$ 1015 N. 124 015 N. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State ity & State 4. FEI Number 59-3450254 EWSALOLA ENSALOLA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32501 Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES O, Box Number is Not Acceptable) CORRIGAN, JAMES M 1622 N 9TH AVE ノスセ PENSACOLA FL 32503 Zip Code 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 (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete CORRIGAN, JAMES M CORRIGAN, JAMES M NAME 201 E GOVERNMENT ST STREET ADDRESS STREET ADDRESS 32*50* | PENSACOLA FL 32501 CITY-ST-ZIP BUSHCOLA, FL. CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREFT ADDRESS CITY ST - 7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

CR2E034 (9/99)