

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90024 041 \*\*\*150.00

**DOCUMENT # P98000002170**

1. Entity Name  
**MELISSA CLARK DALEY, P.A.**

Principal Place of Business

**THE CARRIALE HOWE**  
**4807 BAYSHORE BLVD.**  
**TAMPA FL 33611**

Mailing Address

**4807 BAYSHORE BLVD.**  
**TAMPA FL 33611**

2. Principal Place of Business

**3819 WEST SAN MIGUEL**

Suite, Apt. #, etc.

3. Mailing Address

**3819 WEST SAN MIGUEL**

Suite, Apt. #, etc.

City & State

**TAMPA, FLORIDA**

City & State

**TAMPA, FLORIDA**

Zip

**33629**

Country

Zip

**33629**

Country

4. FEI Number **59-3487809**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DALEY, MELISSA C**  
**4807 BAYSHORE BLVD.**  
**TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name **MELISSA CLARK DALEY**

Street Address (P.O. Box Number is Not Acceptable)

**3819 WEST SAN MIGUEL ST.**

City

**TAMPA**

FL

Zip Code

**33629**

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 *Melissa Clark Daley*  
 Signature, typed or printed name of registered agent and title if applicable.

**MELISSA CLARK DALEY**

(NOTE: Registered Agent signature required when reinstating)

*January 12, 2001*

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 **D** ☐ Delete  
 NAME **DALEY, MELISSA C**  
 STREET ADDRESS **4807 BAYSHORE BLVD.**  
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3819 WEST SAN MIGUEL ST.**  
 CITY-ST-ZIP **TAMPA, FLORIDA 33629**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *Melissa Clark Daley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MELISSA CLARK DALEY**

*1-13-01 (813) 250-3608*  
 Date Daytime Phone #

CR2E034 (10/00)