

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90072 006 \*\*\*150.00

**DOCUMENT # P98000023807**

1. Entity Name

**LAW OFFICE OF BRAD BOLE, P.A.**

Principal Place of Business

**100 S. ASHLEY ST., SUITE 1180  
 TAMPA FL 33602**

Mailing Address

**100 S. ASHLEY ST., SUITE 1180  
 TAMPA FL 33602**

**707246**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**412 E. MADISON ST**

3. Mailing Address

**412 E. MADISON ST**

Suite, Apt. #, etc.

**1111**

Suite, Apt. #, etc.

**1111**

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

4. FEI Number

**65-0819663**

Applied For

Not Applicable

Zip

**33602**

Country

**USA**

Zip

**33602**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RILEY, STEVEN P ESQ.  
 4805 W LAUREL ST  
 TAMPA FL 33607**

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                    | STREET ADDRESS                       | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|-------------------------|--------------------------------------|-----------------------|---------------------------------|
|       | <b>D<br/>BOLE, BRAD</b> | <b>100 S. ASHLEY ST., SUITE 1180</b> | <b>TAMPA FL 33602</b> | <input type="checkbox"/>        |
|       |                         |                                      |                       | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bradley M. Bole*

Date

**1/19/2001**

Daytime Phone #

**813-223-3725**

CR2E034 (10/00)