

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035844

1. Entity Name

THOMAS C. NOLAN, P.A.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90340 014 ***150.00

0060032

721187



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
227 N. MAGNOLIA AVENUE SUITE 211 ORLANDO FL 32801	831 CAMARGO WAY #307 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	3. Mailing Address
Same	227 N. MAGNOLIA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 211
City & State	City & State
	ORLANDO FL
Zip	Zip
	32801
Country	Country
	USA

4. FEI Number	52-2096020	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOLAN, THOMAS C ESQ. 831 CAMARGO WAY #307 ALTAMONTE SPRINGS FL 32714	Name none
227 N. MAGNOLIA AVE SUITE 211 ORLANDO, FL 32801	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 Thomas C. Nolan Esquire thomas c. nolan 02/19/01
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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, THOMAS C ESQ.	NAME	
STREET ADDRESS	227 N. MAGNOLIA AVE	STREET ADDRESS	
CITY-ST-ZIP	831 CAMARGO WAY #307 SUITE 211	CITY-ST-ZIP	
	ALTAMONTE SPRINGS FL 32714 ORLANDO, FL 32801		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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: THOMAS C. NOLAN, ESQUIRE thomas c. nolan 02/19/01 407 843 2446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)