

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90212 011 ***150.00

DOCUMENT # P98000064362

1. Entity Name
TIMOTHY A. SETTERLUND, P.A.

Principal Place of Business SUITE 305-C 7301-A W. PALMETTO PARK ROAD BOCA RATON FL 33433	Mailing Address SUITE 305-C 7301-A W. PALMETTO PARK ROAD BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4081 NORTH FEDERAL Hwy Suite, Apt. #, etc. SUITE 120	3. Mailing Address 6932 MARION AVE. Suite, Apt. #, etc.
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City & State Pompano Beach, FL	City & State MARGATE FL
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4. FEI Number 65-0856247	Applied For <input type="checkbox"/> Not Applicable
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Zip 33064	Country Broward	Zip 33063	Country Broward
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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

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	SETTERLUND, TIMOTHY A		
	SUITE 305-C, 7301-A W. PALMETTO PK. ROAD		
	BOCA RATON FL 33433		

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: Timothy A. Setterlund **TIMOTHY A. SETTERLUND** 4/17/01 (954) 788-2550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)