

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000064362

FILED  
Apr 27, 2003  
Secretary of State

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

## Current Principal Place of Business:

4081 NORTH FEDERAL HWY  
SUITE 120  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

2173 WEST DISCOVERY CIRCLE  
DEERFIELD BEACH, FL 33064

## Current Mailing Address:

6932 MARION AVE  
MARGATE, FL 33063

## New Mailing Address:

FEI Number: 65-0856247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SETTERLUND, TIMOTHY A  
Address: 4081 N FEDERAL HWY SUITE 120  
City-St-Zip: POMPANO BEACH, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SETTERLUND, TIMOTHY A  
Address: 2173 WEST DISCOVERY CIRCLE  
City-St-Zip: DEERFIELD BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A. SETTERLUND

D

04/27/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date