

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016382

1. Entity Name
PROVIDENCE FINANCIAL, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90014 038 ***150.00

Principal Place of Business
3817 WEST HUMPHREY STREET
SUITE 204
TAMPA FL 33614

Mailing Address
3817 WEST HUMPHREY STREET
SUITE 204
TAMPA FL 33614

643613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 340240
Suite, Apt. #, etc.

City & State
TAMPA FL

4. FEI Number 59-3560035
Applied For
Not Applicable

Zip Country
33694 U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name THOMAS J. CARRIGAN
Street Address (P.O. Box Number is Not Acceptable)
11282 W. HILLSBOROUGH AVENUE
City TAMPA FL Zip Code 33635

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 J. Carrigan DATE 4/20/01
(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD IURATO, JOY R 3817 WEST HUMPHREY STREET TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X Thomas J. Carrigan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-20-01 Daytime Phone # 813 263 5486

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CR2E034 (10/00)