

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000017976**

1. Entity Name

**DANIEL G. DRAKE, P.A.**

Principal Place of Business

Mailing Address

**420 W BRANDON BLVD  
STE 204  
BRANDON FL 33511****420 W BRANDON BLVD  
STE 204  
BRANDON FL 33511**

2. Principal Place of Business

3. Mailing Address

**10150 HIGHLAND MANOR DRIVE****SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**200****TAMPA, FL**

City &amp; State

**93610 USA**

Zip

Country

4. FEI Number

**65-0917448**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DRAKE, DANIEL G  
420 W BRANDON BLVD  
STE 204  
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **DRAKE, DANIEL G.**Street Address (P.O. Box Number is Not Acceptable) **10150 HIGHLAND MANOR DR., STE. 200**City **TAMPA**

FL

**33610**

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, applicable. (NOTE: Registered Agent signature required when reinstating)

**1/8/01**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	<input type="checkbox"/> Delete
DP	DRAKE, DANIEL G	420 W BRANDON BLVD STE 204	BRANDON FL 33511	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		10150 HIGHLAND MANOR DR., STE. 200	TAMPA, FL 33610	

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

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

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

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

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

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

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

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

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

**1/8/01**

Date

**813-622-1536**

Daytime Phone #

**FILED  
Jan 12, 2001 8:00 am  
Secretary of State**

01-12-2001 90048 049 \*\*\*150.00

**A0004052**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)