## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P99000077055 **DOCUMENT #**

1. Entity Name
DRISCOLL ASSOCIATES, INC.



## Mar 17, 2003 8:00 am Secretary of State **FILED**

03-17-2003 90143 002 \*\*\*150.00

Principal Place of Business 2437 PERWINKLE WAY 2437									
Suite, Apt. #, etc.    City & State   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   Fee Required	2437 PERWINKLE WAY		2437 PERWINKLE WAY						
Suite, Apt. #, etc.    City & State   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   Fee Required									
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  KELLY, PETER E ESO.  1648 PERIMINKLE WAY, STE. A-1  SANIBEL FL  City  FL  City  FL  Zip Code  6. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE    Change   Addition	2. Principal Place of Business		3. Mailing Address			T EMBELMAN EIN ENELN ERIEL MATTE GATTE A	1411 98111 19611 18811 <b>9818</b>	I BIIBI BIII IBBI	
Not Applicable	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Country   Zip   Country   Zip   Country   S. Certificate of Slatus Desired   \$8.75   Additional Fee Required	City & State		City & State			4. FEI Number 06-1559925	Un-1008970 H		
KELLY, PETER E ESQ. 1648 PERIWINKLE WAY, STE. A-1 SANIBEL FL  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D Delete  TITLE  O City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Title  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition	Zip	Country	Zip	Country		5. Certificate of Status Desired			
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SANIBEL FL  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Delete  TITLE  City  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Change   Addition	The second secon				-Name				
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS Delete  Title  NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  **Added to Fees**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **TITLE** Delete** Title**    Change   Addition   Addition   Change   Addition   Add									
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

239-472-0077

CR2E034 (10/02)