

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90005 024 ***150.00

DOCUMENT # P99000105993

1. Entity Name
OGDEN & SULLIVAN, P.A.

Principal Place of Business

**100 NORTH TAMPA STREET
SUITE 2900
TAMPA FL 33602**

Mailing Address

**100 NORTH TAMPA STREET
SUITE 2900
TAMPA FL 33602**

2. Principal Place of Business

113 S. Armenia Ave.
Suite, Apt. #, etc.

3. Mailing Address

113 S. Armenia Ave.
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number **59-3611793**

Applied For

Not Applicable

Zip
33609

Country
USA

Zip
33609

Country
USA

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

**SULLIVAN, TIMON V
100 NORTH TAMPA STREET
SUITE 2900
TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

113 S. Armenia Ave.

Tampa
City

FL

Zip Code
33609

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 if applicable.

(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**

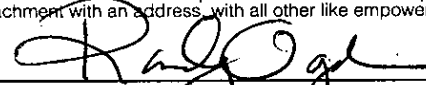
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGDEN, RANDALL J 100 NORTH TAMPA STREET SUITE 2900 TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, TIMON V 100 NORTH TAMPA STREET SUITE 2900 TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
113 S. Armenia Avenue Tampa, FL 33609	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **Randy J. Ogden 3/12/01 (813)223-5111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)