2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State
02-25-2000 90010 049 ***150.00

C0025102

DO NOT WRITE IN THIS SPACE

DOCUMENT # S98936

1. Entity Name

TUCKER & TIGHE, P.A.

Principal Place of Business	Mailing Address
800 EAST BROWARD BLVD.	800 EAST BROWARD BLVD.
SUITE 505	SUITE 505
FT. LAUDERDALE FL 33301	FT. LAUDERDALE FL 33301-2085

2. Principal Place of Business		3. Mailing Address	
800 E. Broward Blvd.,		800 E. Broward Blvd.	
Suite, Apt. #, etc.: Suite 710		Suite, Apt. #, etc.: Suite 710	
City & State: Ft. Lauderdale, FL 33301		City & State: Ft. Lauderdale, FL 33301	
Zip: 33301	Country: US	Zip: 33301	Country: US

4. FEI Number 65-0299586 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TIGHE, THOMAS J.
800 EAST BROWARD BLVD.
SUITE 505
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 800 E. Broward Blvd.

Suite 710

City Ft. Lauderdale **FL** Zip Code 33301

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. Tighe 2/18/00
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, 2000 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TIGHE, THOMAS J.		NAME		
STREET ADDRESS	800 E. BROWARD BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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 REQUIRED Thomas J. Tighe 954-467-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #