

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90091 018 ***150.00

DOCUMENT # 611713

1. Entity Name
CLYATT & RICHARDSON, P.A.



Principal Place of Business
**1551 FORUM PLACE
300F
WEST PALM BCH FL 33409
US**

Mailing Address
**1551 FORUM PLACE
SUITE 300F
WEST PALM BCH FL 33409
US**

30001981



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

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1887555**
Applied For
Not Applicable

Zip Country

Zip Country

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

**RICHARDSON, KEVIN F.
~~1551 FORUM PLACE STE 300 C~~
WEST PALM BCH FL 33401**

Name
Street Address (P.O. Box Number is Not Acceptable)
1551 FORUM PLACE, SUITE 300 F
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 *Kevin F. Richardson* **1.3.03**
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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTD	CLYATT JR, SHELTON	<input type="checkbox"/> Delete			
STREET ADDRESS	1551 FORUM PLACE #300 C			1551 FORUM PLACE #300 F	
CITY-ST-ZIP	W PALM BCH, FL 33409			33401	
VD	RICHARDSON, KEVIN F	<input type="checkbox"/> Delete			
STREET ADDRESS	1551 FORUM PLACE #300 C			1551 FORUM PLACE #300 F	
CITY-ST-ZIP	W PALM BCH FL			33401	
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			

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: *Kevin F. Richardson* 1.3.03 561 471-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)