

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90319 041 ***150.00

DOCUMENT # H43527

1. Entity Name
WOOD & SEITL, P.A.

Principal Place of Business
240 NORTH WASHINGTON
SUITE 500
SARASOTA FL 34236
US

Mailing Address
240 NORTH WASHINGTON
SUITE 500
SARASOTA FL 34236
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3665 Bee Ridge Rd.

3. Mailing Address
3665 Bee Ridge Rd.

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
59-2496135

Applied For
☐ Not Applicable

Zip
34233

Country
U.S.A.

Zip
34233

Country
U.S.A.

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

SEITL, WAYNE F., ESQ.
240 WASHINGTON BLVD.
SUITE 500
SARASOTA FL 34236

Name

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

3665 Bee Ridge Rd.

Suite 300

City **Sarasota**

FL

Zip Code **34233**

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

Wayne F. Seith, Registered Agent + Pres.

1-21-02

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, 2002 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	SD WOOD, JOHN R. 240 NORTH WASHINGTON, SUITE 500 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SEITL, WAYNE F. 240 NORTH WASHINGTON, SUITE 500 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
3665 Bee Ridge Rd., Suite 300 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3665 Bee Ridge Rd., Suite 300 34233	
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"/> 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**

1-21-02
 Date

941-954-5772
 Daytime Phone #

CR2E034 (9/01)