

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90037 015 ***150.00

DOCUMENT # P01000101493

1. Entity Name
SHARON V. WARD, MD, INC.

Principal Place of Business

3426 ROOSEVELT BLVD
KEY WEST FL 33040

Mailing Address

3426 ROOSEVELT BLVD
KEY WEST FL 33040

2. Principal Place of Business

3224 N. Roosevelt Blvd

Suite, Apt. #, etc.

3. Mailing Address

3224 N Roosevelt Blvd

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Key West FL

4. FEI Number

65-1154481

Applied For

Not Applicable

Zip

Country

33040

USA

Zip

Country

33040

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILCOX, ROBERT G
1414 WHITE ST
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE *Robert G Wilcox, Robert G Wilcox VST*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12 Jan 2002

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

| | | |
|-----------------------|--------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | WARD, SHARON V | |
| STREET ADDRESS | 1414 WHITE ST | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | VST | <input type="checkbox"/> Delete |
| NAME | WILCOX, ROBERT G | |
| STREET ADDRESS | 1414 WHITE ST | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Robert G Wilcox, Robert G Wilcox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan 2002

DATE

(305) 293-5600

Daytime Phone #

CR2E034 (9/01)