FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/17/03--01071--013 **150.00

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REINSTATEMENT 03

55-0792530

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084782

1. Entity Name
JAMES WARD, P.A.

Principal Place of Business
4689 MILL STATION PLACE
JACKSONVILLE, FL 32257

Mailing Address
4689 MILL STATION PLACE
JACKSONVILLE, FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 55-0792530 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

WARD, JAMES A
4689 MILL STATION PLACE
JACKSONVILLE, FL 32257

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE

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 STREET ADDRESS CITY-ST-ZIP	P WARD, JAMES A 4689 MILL STATION PLACE JACKSONVILLE, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: J Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

10/21

James Ward PA
4689 Mill Station Place
Jacksonville, Fl 32257

July 10, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl 32302-1500

Dear Sir or Madam:

Please see enclosed letter, check, and state provided form that I mailed back June. Please accept a new check for the UBR.

Thank you, for your help with this matter. Should you have any questions please call me at 904-472-8563.

Kind Regards,

James Ward