

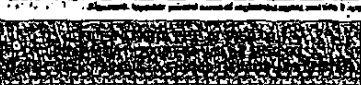
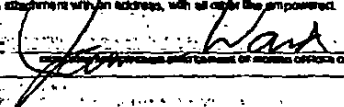
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500023910225
10/17/03--01071--013 **150.00

**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 State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent WARD, JAMES A 4689 MILL STATION PLACE JACKSONVILLE, FL 32257		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
6. 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
7. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 addendum with an address, with all other the empowered.		
SIGNATURE: 		

90139656
REINSTATEMENT 03



☐ CHECK HERE IF MAKING CHANGES

A. FEI Number **55-0792530** Applied For Not Applicable

B. Certificate of Status Desired ☐ \$5.75 Additional Fee Required

CH2004 (10/02)

21 10/21

James Ward PA
4689 Mill Station Place
Jacksonville, FL 32257

July 10, 2003

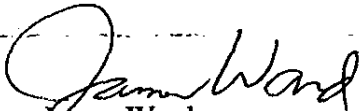
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

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