

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90136 034 ***150.00

DOCUMENT # P02000109398

1. Entity Name
DOUGLAS A. WOHR, P.A.



Principal Place of Business
401 VALENCIA COURT
LONGWOOD FL 32750

Mailing Address
401 VALENCIA COURT
LONGWOOD FL 32750

2. Principal Place of Business

410 VALENCIA COURT

3. Mailing Address

410 VALENCIA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number

11-3658779

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOHR, DOUGLAS A
401 VALENCIA COURT
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name: DOUGLAS A WOHR
Street Address (P.O. Box Number is Not Acceptable): 410 VALENCIA COURT
City: LONGWOOD FL Zip Code: 32750

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 *Douglas A. Worr*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.14.03

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

TITLE **P** ☐ Delete
NAME **WOHR, DOUGLAS A**
STREET ADDRESS **401 VALENCIA COURT**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **DOUGLAS A WOHR**
STREET ADDRESS **410 VALENCIA COURT**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Change ☐ Addition
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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 *Douglas A. Worr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.14.03

CR2E034 (10/02)