

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90956 020 ***150.00

DOCUMENT # P97000082242

1. Entity Name

WALTERS LEVINE BROWN KLINGENSMITH & THOMISON, P. A.



Principal Place of Business

**1515 RINGLING BLVD
SUITE 900
SARASOTA FL 34236
US**

Mailing Address

**P.O. BOX 1479
SARASOTA FL 34230-1479
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0786055**

Applied For

Not Applicable

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

**THOMISON, JAMES E
1515 RINGLING BLVD
SUITE 900
SARASOTA FL 34236**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

James E. Thomison

2/20/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	☐ Delete
NAME	WALTERS, JOEL W	
STREET ADDRESS	1515 RINGLING BLVD, #900	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VP	☐ Delete
NAME	LEVINE, STUART J	
STREET ADDRESS	1515 RINGLING BLVD, #900	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	P	☐ Delete
NAME	BROWN, JOHN E	
STREET ADDRESS	1515 RINGLING BLVD, #900	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VP	☒ Delete
NAME	KLINGENSMITH, H. JACK	
STREET ADDRESS	1515 RINGLING BLVD, #900	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VP Sec/Treas.	☐ Delete
NAME	THOMISON, JAMES E	
STREET ADDRESS	1515 RINGLING BLVD, #900	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *John E Brown, Pres* **SIGNATURE REQUIRED** *2/20/03* **941-364-8787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)