

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90083 010 ***150.00

DOCUMENT # S18744

1. Entity Name

WARD, DAMON, TITTLE & POSNER, P.A.

Principal Place of Business

**4420 BEACON CIRCLE
 SUITE 100
 WEST PALM BEACH FL 33401
 US**

Mailing Address

**4420 BEACON CIRCLE
 SUITE 100
 WEST PALM BEACH FL 33407
 US**

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 **65-0230315**

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

**WARD III, PHILLIP H
 4420 BEACON CIRCLE
 SUITE 100
 WEST PALM BEACH FL 33407**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	☐ Delete
NAME	WARD, PHILIP H III	
STREET ADDRESS	4420 BEACON CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	DVS	☐ Delete
NAME	DAMON, CONRAD	
STREET ADDRESS	4420 BEACON CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	DV	☐ Delete
NAME	POSNER, MICHAEL J	
STREET ADDRESS	4420 BEACON CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	DV	☐ Delete
NAME	TITTLE, JAMES D	
STREET ADDRESS	4420 BEACON CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)