

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90032 033 ***150.00

DOCUMENT # 504356

1. Entity Name

KWALL, SHOWERS & COLEMAN, P.A.

Principal Place of Business

Mailing Address

**133 N. FT. HARRISON AVE
 CLEARWATER FL 34615**

**133 N. FT. HARRISON AVE
 CLEARWATER FL 33755-4020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1679212**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**KWALL, LOUIS
 133 N. FT. HARRISON AVE
 CLEARWATER FL 34615**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
	KWALL, LOUIS	133 N. FT. HARRISON AVE.	CLEARWATER FL 34615						
	ST			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
	SHOWERS, GREGORY K.	133 N. FT. HARRISON AVE.	CLEARWATER FL 34615						
	T			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
	COLEMAN, SHERWOOD	133 N. FT. HARRISON AVENUE	CLEARWATER FL 34615						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor

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 REQUIRED
 SHERWOOD S. COLEMAN

Date

Daytime Phone #

JAN 17, 2000 727/441-4947

906668



DO NOT WRITE IN THIS SPACE