

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504356

1. Entity Name

KWALL, SHOWERS & COLEMAN, P.A.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90309 041 ***150.00

708160



DO NOT WRITE IN THIS SPACE

Principal Place of Business 133 N. FT. HARRISON AVE CLEARWATER FL 34615	Mailing Address 133 N. FT. HARRISON AVE CLEARWATER FL 34615
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1679212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6.- Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.15.01 727 441-4947
Date Daytime Phone #

CR2E034 (10/00)