

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90127 037 ***150.00

DOCUMENT # 600794

1. Entity Name
CARLTON FIELDS, P.A.



Principal Place of Business
**ONE HARBOUR PLACE
TAMPA FL 33602**

Mailing Address
**PO BOX 3239
TAMPA FL 33601-3239**

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 **59-1233896**

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

**THOMAS, SNOW A
777 S. HARBOUR ISLAND BLVD.
SUITE 500
TAMPA FL 33602**

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 _____

**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 **PD** ☐ Delete
NAME **SNOW, THOMAS A**
STREET ADDRESS **ONE HARBOUR PLACE - 777 S. HARBOUR ISLAND**
CITY-ST-ZIP **TAMPA FL 33602-5799**

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

TITLE **C/D** ☐ Delete
NAME **WALBOLT, SYLVIA H**
STREET ADDRESS **ONE PROGRESS PLAZA, STE 2300, 200 CENTRAL**
CITY-ST-ZIP **ST PETERSBURG FL 33701-4352**

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

TITLE **T** ☐ Delete
NAME **LEONARD, HYWEL**
STREET ADDRESS **ONE HARBOUR PLACE-777 S HARBOUR ISLAND**
CITY-ST-ZIP **TAMPA FL 33602-5799**

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

TITLE **AT** ☒ Delete
NAME **CIOTTI, ROBERT L**
STREET ADDRESS **1 HARBOUR PLACE 777 S HARBOUR ISL**
CITY-ST-ZIP **TAMPA FL 33602-5799**

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

TITLE **SD** ☐ Delete
NAME **BURKE, DAVID P**
STREET ADDRESS **1 HARBOUR PLACE 777 S HARBOUR ISL**
CITY-ST-ZIP **TAMPA FL 33602-5799**

TITLE **SD** ☒ Change ☐ Addition
NAME **Kinsolving, Ruth Barnes**
STREET ADDRESS **One Harbour Place - 777 S. Harbour Isl. Blvd**
CITY-ST-ZIP **Tampa, FL 33602-5799**

TITLE **ASD** ☐ Delete
NAME **KINSOLVING, RUTH B**
STREET ADDRESS **1 HARBOUR PLACE 777 S HARBOUR ISL**
CITY-ST-ZIP **TAMPA FL 33602-5799**

TITLE **ASD** ☒ Change ☐ Addition
NAME **Denmon, Richard A.**
STREET ADDRESS **One Harbour Place - 777 S. Harbour Isl. Blv**
CITY-ST-ZIP **Tampa, FL 33602-5799**

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: **SIGNATURE REQUIRED** President & CEO

3/17/03

(813) 223-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)