

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90538 031 ***158.75

DOCUMENT # 601830

1. Entity Name
FOWLER WHITE BOGGS BANKER P.A.

Principal Place of Business
501 EAST KENNEDY BLVD.
TAMPA FL 33603

Mailing Address
501 EAST KENNEDY BLVD.
TAMPA FL 33603

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 **59-1280172**

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

BOGGS, E. JACKSON
501 E KENNEDY BLVD SUITE 1700
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.

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, 2002 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 **DV** ☐ Delete
 NAME **BANKER, ROBERT E.**
 STREET ADDRESS **10114 HAMPTON PLACE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **DV** ☐ Change ☐ Addition
 NAME **Banker, Robert E.**
 STREET ADDRESS **10114 Hampton Place**
 CITY-ST-ZIP **Tampa, FL**

TITLE **TSD** ☒ Delete
 NAME **SHOBE, DAVID C.**
 STREET ADDRESS **37 ADELIA**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PCD** ☐ Change ☐ Addition
 NAME **Boggs, E. Jackson**
 STREET ADDRESS **819 S Grove Park Avenue**
 CITY-ST-ZIP **Tampa, FL**

TITLE **PCD** ☐ Delete
 NAME **BOGGS, E. JACKSON**
 STREET ADDRESS **819 S GROVE PARK AVENUE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **TSD** ☐ Change ☒ Addition
 NAME **Robinson, John W. IV.**
 STREET ADDRESS **3005 Chapin Avenue**
 CITY-ST-ZIP **Tampa, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Change ☒ Addition
 NAME **Law, Rhea F.**
 STREET ADDRESS **5102 Poe Avenue**
 CITY-ST-ZIP **Tampa, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 all other like empowered.

SIGNATURE:

E. Jackson Boggs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)