

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90100 043 ***150.00

DOCUMENT # 602596

1. Entity Name

W. RAY FORTNER, P.A.

Principal Place of Business

**422 SOUTH FLORIDA AVENUE
 LAKELAND FL 33801**

Mailing Address

**PO BOX 326
 LAKELAND FL 33802
 US**

2. Principal Place of Business

1510 Commercial Park Dr.

Suite, Apt. #, etc.
Suite 3

3. Mailing Address

P.O. BOX 326

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip Country
33801 Polk

Zip Country
33802 Polk

4. FEI Number
59-1316146

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORTNER, W. RAY
 422 S. FLORIDA AVE.
 LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name
FORTNER, W. RAY

Street Address (P.O. Box Number is Not Acceptable)
1510 Commercial Park Dr.

Suite 3

City **Lakeland** **FL** Zip Code **33801**

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

TITLE **PD** ☐ Delete
 NAME **FORTNER, W RAY**
 STREET ADDRESS **422 S FLORIDA AVE**
 CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **S** ☐ Delete
 NAME **CHAMBERS, SUSAN E**
 STREET ADDRESS **422 S FLORIDA AVE**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
 NAME **FORTNER, W RAY**
 STREET ADDRESS **1510 Commercial Park Dr., Suite 3**
 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **S** ☐ Change ☐ Addition
 NAME **CHAMBERS, SUSAN E**
 STREET ADDRESS **1510 Commercial Park Dr., Suite 3**
 CITY-ST-ZIP **Lakeland, FL 33801**

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 all other like empowered.

SIGNATURE:

W Ray Fortner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2002 863-666-8094
 Date Daytime Phone #

CR2E034 (9/01)