

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **604114**

1. Entity Name

EDWIN I. FORD, P.A.

P

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90002 045 ***150.00

Principal Place of Business 1305 PINE VISTA DR LARGO FL 33770	Mailing Address 1305 PINE VISTA DR LARGO FL 33770
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DO NOT WRITE IN THIS SPACE

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 59-1439377	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

**FORD, EDWIN I.
1305 PINE VISTA DRIVE
LARGO FL 33770**

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 _____ DATE _____
Signature, Typed or Printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its biennially tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS FORD, EDWIN I. 1305 PINE VISTA DRIVE LARGO FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYMANSKI, ROBERT P 1700 MCMULLEN BOOTH RD, STE D4 CLEARWATER FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Edwin I. Ford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00 (727) 585-9315

EDWIN I. FORD, P.A.
1305 PINE VISTA DRIVE
LARGO, FL 33770
(727) 585-9315

August 29, 2000

attachment doc #
604114
DW83406

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

IN RE: Edwin I. Ford, P.A.
1305 Pine Vista Drive
Largo, FL 33770

FEI #: 59-14393
Document #: 604114

To Whom It May Concern:

Following two sets of telephone calls: one on August 6, 2000 and the other on August 28, 2000, and receiving conflicting directions, I am now resorting to the action suggested by Suzanne at the telephone # 850-487-6059 which I sincerely trust will get the desired results.

I am 78 years of age, first licensed in Florida in 1955 and have been an attorney in good standing ever since. A series of circumstances will help explain my dilemma. First, my law offices were at 2310 West Bay Drive, Largo, Florida 33770. I formed a partnership with William A. Lovelace and we practiced under the name of Ford and Lovelace, P.A. at that address.

Just about a year ago, a new partnership was formed: Wilson, Ford & Lovelace, P.A. and we all moved into new, much larger offices in Clearwater, Florida. That firm (Wilson, Ford & Lovelace) is now located at 401 South Lincoln Avenue, Clearwater, Florida 33756. A sample of our professional card is enclosed with this correspondence.

The only notice I received delivered to my 1305 Pine Vista Drive home address was received here, I believe, in late June. It was the only notice I received.

To complicate the matter even further, my dear wife was hospitalizd with a triple by-pass heart surgery procedure from late July until August 26. She is still recuperating with home nursing care and attendance.

As suggested in my phone calls to your offices, I submit and enclose the only notice I have received, executed by myself, with my P.A. check for \$150.00 payable to Department of State. I do not believe I should be penalized in light of all these circumstances.

Yours very truly,

Edwin I. Ford
Edwin I. Ford, P.A.

EIF/cc
Enclosures