

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 616510

1. Entity Name

LORICCO, WILLIAMS, CROSLAND AND JOINER, C.P.A.'S

Principal Place of Business

Mailing Address

3005 CARING WAY STE A

3005 CARING WAY STE A

~~P.O. BOX 3179~~

~~P.O. BOX 3179~~

PORT CHARLOTTE FL 33949

PORT CHARLOTTE FL 33949

33952

33952

2. Principal Place of Business

3. Mailing Address

3005 Caring Way

Suite, Apt. #, etc.

Suite A

Port Charlotte FL

33952 Charlotte

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1892838

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

CROSLAND, BRIAN W
3005 CARING WAY, SUITE A
PORT CHARLOTTE FL 33952

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LORICCO, CARLO J
STREET ADDRESS 4418 N. SHORE DR.
CITY-ST-ZIP CHARLOTTE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME CROSLAND, BRIAN W
STREET ADDRESS 2274 BREMEN COURT
CITY-ST-ZIP PUNTA GORDA FL 33983

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VPD
NAME JOINER, J. SCOTT
STREET ADDRESS 117 CHASTEEN ST
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90116 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)