

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90242 034 ***150.00

DOCUMENT # 616510

1. Entity Name

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



Principal Place of Business

3005 CARING WAY STE A
PORT CHARLOTTE FL 33952

Mailing Address

3005 CARING WAY STE A
PORT CHARLOTTE FL 33952

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

59-1892838

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6...Name and Address of Current Registered Agent

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

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. 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

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

☐ Delete

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

☐ Delete

TITLE VPD
NAME JOINER, J. SCOTT
STREET ADDRESS PO BOX 511087
CITY-ST-ZIP PUNTA GORDA FL 33951-1087

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN CROSLAND

2/14/03

Date

441-629-1197

Daytime Phone #

CR2E034 (10/02)