2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am DOCUMENT # Secretary of State 1. Entity Name LLOYD & HOSKINS, PROFESSIONAL ASSOCIATION 04-02-2002 90970 027 ***150 00 Lloyd, TURCO sed to = Mailing Address Principal Place of Business 201 SOUTH SECOND STREET 201 SOUTH SECOND STREET DUUDIENE P.O. BOX 4382 P.O. BOX 4382 FT PIERCE FL 34948-1382 FT PIERCE FL 34948-1382 3. Mailing Address 2. Principal Place of Business <u>Lloyd, Turco</u> & Pierce P.O. Box 4382 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 201 South Second Street Applied For City & State 4. FEI Number Fort Pierce, Florida 34948-4382 59-1919063 Not Applicable Phone (772) 464-14600 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LLOYD, VINCENT A Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH SECOND STREET FORT PIERCE FL 34950 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition 10/6) Change ☐ Delete TITLE LLOYD, VINCENT A NAME R2E034 1109 FERNANDINA ST STREET ADDRESS STREET ADDRESS FT PIERCE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ~ખ£ ઇ VD Delete Change PIERCE, DEBRA H. NAME 2263 SE MEADOWBROOK ST. STREET ADDRESS ADDRESS Stuart fl CITY-ST-ZIP CITY-ST-ZIP TITLE SD Delete TITLE ☐ Change ☐ Addition HOSKINS, STEPHEN P. NAME STREET ADDRESS 2931 N. INDIAN RIVER DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ft. Pierce fl ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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