

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93025

1. Entity Name

WADSWORTH & DAVIS, P.A.

Principal Place of Business

203 NORTH GADSDEN STREET
SUITE 1
TALLAHASSEE FL 32301

Mailing Address

203 NORTH GADSDEN STREET
SUITE 1
TALLAHASSEE FL 32301-7633

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 59-2214334

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

WADSWORTH, MURRAY M
203 NORTH GADSDEN STREET SUITE 1
TALLAHASSEE, FL
32301

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 reinstalling)

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, 2000 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 WADSWORTH, MURRAY M.
STREET ADDRESS 706 S RIDE
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE STD ☐ Delete

NAME DAVIS, WILLIAM H.
STREET ADDRESS 914 MIMOSA DRIVE
CITY-ST-ZIP TALLAHASSEE FL

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: *Murray M. Wadsworth*

Murray M. Wadsworth, President

1/26/00

Date

850/224-9031

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90142 047 ***150.00



DO NOT WRITE IN THIS SPACE