

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90222 022 ***150.00

DOCUMENT # F97052

1. Entity Name
WILLIAM W. CHASTAIN, PROFESSIONAL ASSOCIATION



Principal Place of Business
100 S ASHLEY DRIVE Suite 600
STE 1470 FIRST UNION CENTER
TAMPA FL 33602

Mailing Address
PO BOX 222
TAMPA FL 33601

2. Principal Place of Business
601 N. Ashley Drive
Suite 600

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33602 **Country**
USA

Zip **Country**

4. FEI Number **59-2216494**

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

CHASTAIN, WILLIAM W ESQ
FIRST UNION CENTER
100 S ASHLEY DRIVE STE 1470
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **WILLIAM W. CHASTAIN, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
601 N. Ashley Drive
Suite 600
City **Tampa** **FL** **33602**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **CHASTAIN, WILLIAM W**
STREET ADDRESS **FIRST UNION CTR, 100 S ASHLEY DR, STE 1470**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **WILLIAM W. CHASTAIN**
STREET ADDRESS **601 N. Ashley Drive, Ste 600**
CITY-ST-ZIP **TAMPA, FL. 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE **WILLIAM W. CHASTAIN, P.A.** **813-222-0400**
DATE **3/28/03** **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)