

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 031 ***150.00

DOCUMENT # G32781

1. Entity Name

Law Office of Thomas W. Garrard, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Charlotte County

3. Mailing Address
520 E. Olympia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

4. FEI Number
59-2278482

Applied For

Not Applicable

Zip
33950

Country
Charlotte

Zip
33950

Country
Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Thomas W. Garrard

Street Address (P.O. Box Number is Not Acceptable)
520 East Olympia Avenue

City
Punta Gorda

FL Zip Code
33950

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P/T/S Thomas W. Garrard 520 East Olympia Avenue Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas W. Garrard* **THOMAS W. GARRARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03 (941) 639-7020

Date

Daytime Phone #