

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91007 039 \*\*\*150.00

**DOCUMENT # J51897**

1. Entity Name  
**DALE, BALD, SHOWALTER & MERCIER, P.A.**



Principal Place of Business  
**DALE, BALD, SHOWALTER & MERCIER, PA**  
**200 W. FORSYTH ST. STE 1100**  
**JACKSONVILLE FL 32202**  
**US**

Mailing Address  
**DALE, BALD, SHOWALTER & MERCIER, PA**  
**200 W. FORSYTH ST. STE 1100**  
**JACKSONVILLE FL 32202-4308**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2756350**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DALE, HOWARD L.**  
**200 W. FORSYTH ST., STE. 1100**  
**JACKSONVILLE FL 32202-4308**

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

*Howard L. Dale*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DALE, HOWARD L.	
STREET ADDRESS	1117 PALMER TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BALD, WILLIAM A.	
STREET ADDRESS	1157 JAMAICA ROAD WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	SHOWALTER, RUSSELL H JR	
STREET ADDRESS	32 SARAGOSSA ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CANDETO, MICHAEL A	
STREET ADDRESS	10135 GATE PARKWAY N #1512	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MERCIER, LEE F.	
STREET ADDRESS	1956 LARGO PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SAIEG, JULIE A	
STREET ADDRESS	1410 MONTICELLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Howard L. Dale*  
**HOWARD L. DALE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PRESIDENT**

Date

Daytime Phone #

**4/2/03**

**904-355-1155**

CR2E034 (10/02)