2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

.168845

Entity Name FERRELL, WILLIAMS	A PROFESSIONAL ASSOCIATION	
incipal Place of Business	Mailing Address	



Apr 16, 2003 8:00 am Secretary of State
04-16-2003 90253 042 ***158.75

Pincipal Place of Business SMITE 3400, MAN CENTER MAN E 1, 2311 - 2205 2. Principal Place of Business Suite April #, etc. City & State City & Stat														
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Check Here IF Making Changes Zip Country Zip Country S. Certificate of Status Desirce S. 87.5 Additional Peer Registered Agent Applicative S. Name and Address of Current Registered Agent Name DA CASTIGLIONE, MAYRA C 201 SOUTH BISCAYNE BLVD SUITE 3400, MIAMI CENTER MIAMI FL 33131 CRy FL Zip Code 6. The above named untilly submits this statement for the purpose of changing its registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations or registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations of registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations of registered agent, or both, in the State of Fluricia. I are furnitur with, and accept the obligations of registered agent, or both, in the State of Fluricia. I are furnitur with and accept the obligations of r	201 SOUTH BISCAYNE BLVD SUITE 3400, MIAMI CENTER			201 SOUTH BISCAYNE BLVD SUITE 3400. MIAMI CENTER										
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Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Foot People of Season and Address of Current Registered Agent Name and Address of New Registered Agent Name	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) City Suffer Address (P.O. Box Number is Not Acceptable) Suffer Addre	City & State			City & State			4.	FEI Number	59-27994	178				
DA CASTIGLIONE, MAYRA C 201 SOUTH BISCAYNE BLVD SUITE 3400, MIAMI CENTER MIAMI FL 33131 City FL 7/IP Code	Zip	Country Zip Co			Count	ry								
DA CASTIGLIONE, MAYRA C 201 SOUTH BISCAYNE BLVD SUITE 3400, MIAMI CENTER MIAMI FL 33131 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florica. I am familiar with, and accept the following that the state of Florica. I am familiar with, and accept the familiar with, and accept the following that the state of Florica. I am familiar with, and accept the familiar with and accept the familiar with accept the familiar with, and accept the familiar with and acce		6. Name	and Address of Current I	Registere	ed Agent			7. 1	Name and A	ddress of Ne	w Registere	d Agent	. " ' " '	
201 SOUTH BISCAYNE BLVD SUITE 3400, MIAMI CENTER MIAMI PL 33131 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$\$55.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE SIRECT AUGUSTS BY SEE ALONESS CITY-S1-ZIP TILE Delete TILE DAY Addition STREET ALONESS CITY-S1-ZIP TILE DAY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DAY Addition AMALE STREET ALONESS CITY-S1-ZIP TILE Delete TILE Delete TILE DELETE ALONESS CITY-S1-ZIP TILE TIL	DA CASTIGLIONE, MAYRA C					•								
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, tiped or private name of registered agent and tale it applicable. (NOTE Registered Agent signature required when rentalizing) DATE								`		·				
SIGNATURE FILE NOW!!! FEE IS \$150.00						City	FL Zip Code							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10.														
After May 1, 2003 Fee will be \$55.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT IT IT IT IS IN IT	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00										-			
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	NAME Street address	í.			☐ Delete	NAME STREE						☐ Change	Addition	

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:

Date

Daytime Phone #