

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95759

1. Entity Name
CRAIG B. WARD, P.A.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90502 018 ***150.00

Principal Place of Business Mailing Address
% CRAIG B. WARD % CRAIG B. WARD
105 EAST ROBINSON STREET, SUITE 501 105 EAST ROBINSON STREET, SUITE 501
ORLANDO FL 32801 ORLANDO FL 32801

00033683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
530 E Central 922 Cutler Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
1603

City & State City & State
Orlando, FL Longwood, FL
Zip Country Zip Country
32801 USA 32779 USA

4. FEI Number 59-2950088 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
WARD, CRAIG B. Name
105 EAST ROBINSON STREET Street Address (P.O. Box Number is Not Acceptable)
SUITE 501
ORLANDO FL 32801 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 reinstating) 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, CRAIG B.		NAME	WARD, CRAIG B.	
STREET ADDRESS	105 E. ROBINSON ST., #501		STREET ADDRESS	922 Cutler Rd	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 officers empowered.

SIGNATURE: 2/29 [Signature] DATE: 2/29 DAYTIME PHONE: [Signature]

CR2E034 (10/00)