

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90442 050 ***150.00

DOCUMENT # L22747

1. Entity Name
LOUIS F. SISSON, III, P.A.

Principal Place of Business
C/O LOUIS F. SISSON, III
6225 PRESIDENTIAL COURT
FORT MYERS FL 33919

Mailing Address
C/O LOUIS F. SISSON, III
6225 PRESIDENTIAL COURT
FORT MYERS FL 33919

00031751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6315 Presidential Court,	3. Mailing Address 6135 Presidential Court,
Suite, Apt. #, etc. Suite E	Suite, Apt. #, etc. Suite E
City & State Fort Myers, FL	City & State Fort Myers, FL

4. FEI Number 65-0151876	Applied For
	Not Applicable

Zip 33919	Country USA	Zip 33919	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
------------------	--------------------	------------------	--------------------	---

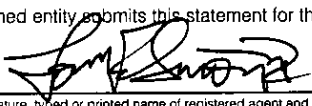
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISSON, LOUIS F. III
6225 PRESIDENTIAL COURT
FORT MYERS FL 33919

Name **Louis F. Sisson, III**
 Street Address (P.O. Box Number is Not Acceptable)
6315 Presidential Court
Suite E
 City **Fort Myers, FL** Zip Code **33919**

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  **4/3/01**
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 NAME STREET ADDRESS CITY-ST-ZIP	D SISSON, LOUIS F. III 6225 PRESIDENTIAL COURT FORT MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louis F. Sisson, III 6315 Presidential Court, Suite E Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:  **President** **4/3/01** **941/482-3521**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)