

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90022 014 ***150.00

DOCUMENT # L22747

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

Principal Place of Business
6315 PRESIDENTIAL CT
STE B
FORT MYERS FL 33919

Mailing Address
6315 PRESIDENTIAL CT
STE B
FORT MYERS FL 33919

2. Principal Place of Business
6315 Presidential Court

3. Mailing Address
6315 Presidential Court

Suite, Apt. #, etc.
Suite E

Suite, Apt. #, etc.
Suite E

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33919

Country
Lee

Zip
33919

Country
Lee

4. FEI Number
65-0151876

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

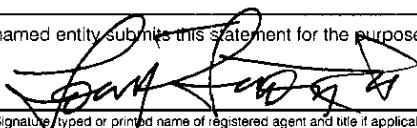
6. Name and Address of Current Registered Agent

SISSON, LOUIS F. III
6315 PRESIDENTIAL CT
STE B
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

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  **Louis F. Sisson, III** 1/17/02
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, 2002 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

TITLE **D** ☐ Delete
 NAME **SISSON, LOUIS F. III**
 STREET ADDRESS **6315 PRESIDENTIAL CT STE B**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **Louis F. Sisson, III**
 STREET ADDRESS **6315 Presidential Court, Suite E**
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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 like empowered.

SIGNATURE:  President 1/17/02 941/482-3521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)