

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002383

1. Entity Name

CPA SOLE PRACTITIONERS, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90105 038 ****61.25

Principal Place of Business

31 WALTER MARTIN RD
FT. WALTON BCH FL 32548
US

Mailing Address

31 WALTER MARTIN RD
FT. WALTON BCH FL 32548
US

2. Principal Place of Business

40 Beal Pkwy SW
Suite, Apt. #, etc.

3. Mailing Address

40 Beal Pkwy SW
Suite, Apt. #, etc.

City & State

Ft Walton Beach FL
Zip Country
32548 Okaloosa

City & State

Ft Walton Beach FL
Zip Country
32548 Okaloosa

4. FEI Number

59-3183991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELCH, PAUL
31 WALTER MARTIN RD
FT. WALTON BCH FL 32548

7. Name and Address of New Registered Agent

Name

Harold G. Hock

Street Address (P.O. Box Number is Not Acceptable)

40 Beal Pkwy SW

City

Ft Walton Beach

FL

Zip Code

32548

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HAYNES, JOHN ☐ Delete
STREET ADDRESS 90 N.W. BEAL PKWY.
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE PD ☒ Change ☐ Addition
NAME Lamalie, Gary L
STREET ADDRESS 430 Bryn Athyn Rd
CITY-ST-ZIP FL 32569

TITLE VPD ☐ Delete
NAME LAMALIE, GARY L
STREET ADDRESS 430 BRYN ATHYN RD.
CITY-ST-ZIP MARY ESTHER FL

TITLE VPD ☒ Change ☐ Addition
NAME Mary Esther
STREET ADDRESS Young, Douglas E
CITY-ST-ZIP 151 Regions Way
Destin FL 32541

TITLE TD ☐ Delete
NAME HOCK, HAROLD G
STREET ADDRESS 40 S. BEAL PKWY.
CITY-ST-ZIP FT. WALTON BEACH FL

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

TITLE SD ☐ Delete
NAME YOUNG, DOUGLAS E
STREET ADDRESS 151 REGIONS WAY
CITY-ST-ZIP DESTIN FL

TITLE SD ☒ Change ☐ Addition
NAME Surber, Susan
STREET ADDRESS 108 Beal Pkwy SW
CITY-ST-ZIP Ft Walton Beach FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002 850-244-0511

CR2E037 (9/01)