

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90009 001 ***550.00

0087869 AV

DOCUMENT # P00000074202

1. Entity Name

WALTER H. FOSTER IV, P.A.

Principal Place of Business

101 AMERICAN CENTER PLACE, SUITE 112
TAMPA FL 33619

Mailing Address

101 AMERICAN CENTER PLACE, SUITE 112
TAMPA FL 33619

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

410 S. WARE BLVD.

Suite, Apt. #, etc.

SUITE 414

City & State

TAMPA FL

Zip
33619

Country
USA

3. Mailing Address

410 S. WARE BLVD.

Suite, Apt. #, etc.

SUITE 414

City & State

TAMPA FL

Zip
33619

Country
USA

4. FEI Number

59-3658003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME

PSTD
FOSTER, WALTER H IV
101 AMERICAN CENTER PLACE, SUITE 112
TAMPA FL 33619

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

PSTD
FOSTER, WALTER H. IV
410 S. WARE BLVD. SUITE 414
TAMPA FL 33619

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jul 01

Date

813-740-1520

Daytime Phone #

CR2E034 (5/01)