

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90071 017 ***150.00

DOCUMENT # P00000092944

1. Entity Name

LYDOLPH, PORATH & WARDEN, P.A.

Lydolph, Porath & Associates, P.A. W/C

Principal Place of Business

44A DUNE BREEZE LANE
 SANTA ROSA BEACH FL 32459

Mailing Address

PO DRAWER 1609
 SANTA ROSA BEACH FL 32459

2. Principal Place of Business

2441 US Hwy 98 East

Suite, Apt. #, etc.

Suite 108

3. Mailing Address

Suite, Apt. #, etc.

City & State
 Santa Rosa Beach, FL

City & State

Zip
 32459

Country
 USA

Zip

Country

4. FEI Number

59-3675848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PORATH, SHANNON L
 44A DUNE BREEZE LANE
 SANTA ROSA BEACH FL 32459

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 \$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 ☐ Delete
 NAME D
 STREET ADDRESS LYDOLPH III, PAUL
 CITY-ST-ZIP PO BOX 1609
 SANTA ROSA FL 32459

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PORATH, SHANNON L
 CITY-ST-ZIP PO BOX 2010
 SANTA ROSA FL 32459

TITLE ☒ Delete
 NAME D
 STREET ADDRESS WARDEN, STAN M
 CITY-ST-ZIP PO BOX 1675
 SANTA ROSA FL 32459

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/02 850
 -622-0102

CR2E034 (9/01)