

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90017 018 ***150.00

DOCUMENT # P01000008240

1. Entity Name

JANICE PETTEWAY, P.A.

Principal Place of Business

320 W SABAL PALM PL STE 300
 LONGWOOD FL 32779

Mailing Address

320 W SABAL PALM PL STE 300
 LONGWOOD FL 32779

2. Principal Place of Business

207 Montego Inlet Blvd.
 Longwood Fla
 32779 Seminole

3. Mailing Address

207 Montego Inlet Blvd.
 Longwood Fla.
 32779 Seminole



DO NOT WRITE IN THIS SPACE

City & State

Longwood Fla

City & State

Longwood Fla.

4. FEI Number

59-3692570

Applied For

Not Applicable

Zip

32779

Country

Seminole

Zip

32779

Country

Seminole

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETTEWAY, JANICE
 320 W SABAL PALM PL STE 300
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Petteway, Janice
 Street Address (P.O. Box Number is Not Acceptable) 207 Montego Inlet Blvd.
 City Longwood FL Zip Code 32779

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

4-19-02

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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS PETTEWAY, JANICE 320 W SABAL PALM PL STE 300 LONGWOOD FL 32779	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02 407-788-1226

CR2E034 (9/01)