

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000014902**

1. Entity Name

JUDD, SHEA, ULRICH, ORAVEC, WOOD & DEAN, P.A.

Principal Place of Business

2940 S TAMiami TR
SARASOTA FL 34239

Mailing Address

2940 S TAMiami TR
SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651075476

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JUDD, STEVEN H
2940 S TAMiami TR
SARASOTA FL 34239

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|---------------------|-------------------|---------------------------------|
| D | JUDD, STEVEN H | 1375 LADUE LN | SARASOTA FL 34231 | |
| D | SHEA, JOHN J JR | 4544 QUAIL RUN LN | SARASOTA FL 34232 | |
| D | ULRICH, RICHARD A | 1654 PROSPECT ST | SARASOTA FL 34239 | |
| D | ORAVEC, ALAN M | 5741 FORESTER POND | SARASOTA FL 34243 | |
| D | WOOD, CAROL W | 2716 BIGELOW DR | SARASOTA FL 34239 | |
| D | DEAN, ROY E | 5322 SIESTA COVE DR | SARASOTA FL 34242 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

FILED
May 29, 2002 8:00 am
Secretary of State

04-21-2002 90887 032 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)