

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90116 034 ***150.00

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DOCUMENT # P01000073002

1. Entity Name
JAMES B. WAYNE P.A.



Principal Place of Business
**1947 LEE RD
WINTER PARK FL 32789**

Mailing Address
**1947 LEE RD
WINTER PARK FL 32789**

2. Principal Place of Business
1947 Lee Road
Suite, Apt. #, etc.

3. Mailing Address
1947 Lee Road
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Park, Florida
Zip
32789
Country
USA

City & State
Winter Park, Florida
Zip
32789
Country
USA

4. FEI Number **59-3739077**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAYNE, JAMES B
~~1103 ROXBORO~~ **238 St. James Place**
LONGWOOD FL 32750

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *[Signature]*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **WAYNE, JAMES B**
STREET ADDRESS ~~1103 ROXBORO~~ **238 St. James Place**
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE ☐ Delete
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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 by or on behalf of an officer, director, or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on block 10 or Block 11 if changed, or on an attachment with an address, with another life empowered.

SIGNATURE: *[Signature]* **James B. Wayne** 3/31/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)