

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-18-2002 90128 018 ***150.00

DOCUMENT # P01000089527

1. Entity Name

DUDLEY SARGENT, P.A.

Principal Place of Business

110 PALMETTO AVE
 CRESCENT CITY FL 32112

Mailing Address

110 PALMETTO AVE
 CRESCENT CITY FL 32112

40036



DO NOT WRITE IN THIS SPACE

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

04-3598521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PASGETT, JAMES L
 3 NORTH SUMMIT AVE
 CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name: JAMES L. PADGETT
 Street Address (P.O. Box Number is Not Acceptable): 3 NORTH SUMMIT ST.
 City: CRESCENT CITY FL Zip Code: 32112

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: JAMES L. PADGETT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-15-02
 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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	SARGENT, DUDLEY		
STREET ADDRESS	110 PALMETTO AVE		
CITY-ST-ZIP	CRESCENT CITY FL 32112		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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

Dudley Sargent
 DUDLEY SARGENT

7/9/02 (386)698-2313
 Date Daytime Phone #

Attachment

Sic: # PD1000089577

40036

DUDLEY SARGENT, P.A.
110 Palmetto Ave.
Crescent City, Fl 32112

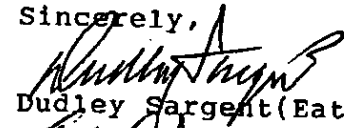
Florida Department of State
Division of Corporations

Dear Sirs and Madams:

This is a request for waiver of the penalty for late filing for the reason that I did not receive the first notice and just received this one . . which put me in a state of shock . . believe me, I would have remitted promptly if I had received the initial notice.

Any consideration that you can give me will be greatly appreciated

Sincerely,


Dudley Sargent (Eaton D.)

