

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90170 026 ***150.00

DOCUMENT # P01000109903

1. Entity Name

WARDEN LAW FIRM, P.A.

Principal Place of Business

**17 GULFVIEW HEIGHTS
 SANTA ROSA BEACH FL 32459**

Mailing Address

**P.O. BOX 1675
 SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

Gulf Place

3. Mailing Address

7 Town Center Loop

Suite, Apt. #, etc.

Suite C-15

City & State

Santa Rosa Beach FL

Zip

32459

Country

Walton

City & State

Santa Rosa Beach FL

Zip

32459

Country

Walton



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3754812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WARDEN, STANLEY M
 17 GULFVIEW HEIGHTS
 SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

518 W. Pt. Washington Rd

City

Santa Rosa Beach

FL

Zip Code

32459

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 **P** ☐ Delete
 NAME **WARDEN, STANLEY M**
 STREET ADDRESS **14600 HIGHWAY 81, SOUTH**
 CITY-ST-ZIP **RED BAY FL 32455**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **518 W. Pt. Washington Rd.**
 STREET ADDRESS **Santa Rosa Beach, FL 32459**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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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: *Stanley M. Warden*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

850-622-2273
 Daytime Phone #

CR2E034 (9/01)