

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91063 003 ***150.00

DOCUMENT # P92000013850

1. Entity Name
JAMES, HOYER & NEWCOMER, P.A.



Principal Place of Business
4830 WEST KENNEDY BLVD.
1 URBAN CENTRE #550
TAMPA FL 33609
US

Mailing Address
4830 WEST KENNEDY BLVD.
1 URBAN CENTRE #550
TAMPA FL 33609
US



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 **59-3154550**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWCOMER, JOHN R JR.
1 URBAN CENTRE #147 #550
4830 W KENNEDY BLVD
TAMPA FL 33609

Name **Newcomer, John R. Jr.**
Street Address (P.O. Box Number is Not Acceptable) **4830 W. Kennedy Blvd., Ste 550**
City **TAMPA** FL Zip Code **33609**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-03

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 ☐ Delete
NAME **TD**
STREET ADDRESS **HOYER, JUDY S**
CITY-ST-ZIP **4830 W. KENNEDY BLVD., SUITE 147 550**
TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME **4830 W. Kennedy Blvd**
STREET ADDRESS **Suite 550**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **HOYER, WILLIAM C**
CITY-ST-ZIP **4830 W. KENNEDY BLVD., 147 550**
TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME **4830 W. Kennedy Blvd**
STREET ADDRESS **Suite 550**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **NEWCOMER, JOHN R**
CITY-ST-ZIP **4830 W. KENNEDY BLVD., 147 550**
TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME **4830 W. Kennedy Blvd**
STREET ADDRESS **Suite 550**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 10 or Block 11 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

4-8-03 (813) 286 4100
Date Daytime Phone #

CR2E034 (10/02)