

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021403

1. Entity Name

W. TIMOTHY HERRING, P.A.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90018 050 ***150.00

Principal Place of Business

Mailing Address

410 NORTH HALL FAX AVE
A
DAYTONA BEACH FL 32118
US

5911 RIVERSIDE DRIVE
HARBOR OAKS FL 32127-6445
US

2. Principal Place of Business

3. Mailing Address

5931 Riverside DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ORANGE, FL

Zip

Country

Zip

Country

32127

USA

4. FEI Number

59-3227862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRING, W. T.
5911 RIVERSIDE DRIVE
HARBOR OAKS FL 32127

Name

W. Timothy Herring

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

5931 RIVERSIDE DR.

City

PORT ORANGE

FL

Zip Code

32127

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

W. Timothy Herring (W. Timothy Herring) President 2-23-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating) owner 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME HERRING, W T
STREET ADDRESS 5911 RIVERSIDE DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32127

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: W. Timothy Herring (W. Timothy Herring) President 2-23-00 (904) 257-0853
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2F034 (9/99)