

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021403

1. Entity Name
W. TIMOTHY HERRING, P.A.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90022 027 ***150.00

Principal Place of Business

410 NORTH HALL FAX AVE
A
DAYTONA BEACH FL 32118
US

Mailing Address

5931 RIVERSIDE DR
HARBOR OAKS FL 32127
US

2. Principal Place of Business

410 N. HALL FAX AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite "C"

City & State

Daytona Beach, FL

City & State

Zip
32118

Country
USA

Zip

Country

4. FEI Number 59-3227862

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERRING, W. T.
5931 RIVERSIDE DR
HARBOR OAKS FL 32127

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.

SIGNATURE W. Timothy Herring, W.T. Herring, President 1-29-01

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, 2001 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 PSTD
NAME HERRING, W T
STREET ADDRESS 5911 RIVERSIDE DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T/D
NAME W.T. HERRING
STREET ADDRESS 5931 RIVERSIDE DRIVE
CITY-ST-ZIP HARBOR OAKS, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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.T. Herring, President 1-29-01 (904)257-0855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)