

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046294

1. Entity Name
WALTER C. JONES, IV, P.A.

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

01-29-2002 90082 014 ***150.00

80012188



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4114 NORTHLAKE BLVD
~~SUITE 302~~
PALM BEACH GARDENS FL 33410
US

Mailing Address
4114 NORTHLAKE BLVD
SUITE 101
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0499887
Applied For
Not Applicable

Zip Country

Zip

Country

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

JONES, WALTER C IV
4114 NORTHLAKE BLVD., SUITE 101
PALM BEACH GARDENS FL 33410

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 _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	JONES, WALTER C. I	4114 NORTHLAKE BLVD., SUITE 101	PALM BEACH GARDENS FL 33410	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)