

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90168 014 ***150.00

DOCUMENT # P95000050608

1. Entity Name

WALTER S. MILLSAPS, P.A.

Principal Place of Business
200 W FORSYTH ST
1330
JACKSONVILLE FL 32202
US

Mailing Address
200 W FORSYTH ST
1330
JACKSONVILLE FL 32202
US

2. Principal Place of Business

200 East Forsyth Street

3. Mailing Address

200 East Forsyth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32202

Country

USA

Zip

32202

Country

USA

4. FEI Number

59-3321777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLSAPS, WALTER S
200 W FORSYTH ST
STE 1330
JACKSONVILLE FL 32202

SAME P.A.
NEW ADDRESS

7. Name and Address of New Registered Agent

Name

Millsaps, Walter S. Esq.

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

200 East Forsyth Street

City

Jacksonville

FL

Zip Code

32202

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)

4/5/02
 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 **D**
 NAME **MILLSAPS, WALTER S**
 STREET ADDRESS **200 W FORSYTH ST STE 1330**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **Millsaps, Walter S.**
 STREET ADDRESS **200 East Forsyth Street**
 CITY-ST-ZIP **Jacksonville, FL 32202**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER S. MILLSAPS, PRESIDENT

Date

Daytime Phone #

4/5/02 904-354-2100

CR2E034 (9/01)