

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90404 046 \*\*\*158.75

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**DOCUMENT # P95000076566**

1. Entity Name

CUMMINGS, HOBBS & WALLACE, P.A.



Principal Place of Business  
462 WEST BREVARD STREET  
TALLAHASSEE FL 32301  
US

Mailing Address  
462 W. BREVARD ST.  
TALLAHASSEE FL 32301  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3337213

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, ANGELA W  
CUMMINGS, HOBBS & WALLACE, PA  
462 WEST BREVARD STREET  
TALLAHASSEE FL 32301

Name

Carolyn D. Cummings

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

462 W. BREVARD Street

City Tall

FL

Zip Code

32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/03

**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 P  
NAME CUMMINGS, CAROLYN D  
STREET ADDRESS 5005 TOURAIN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP  
NAME HAYNES, BARBARA K  
STREET ADDRESS 2865 ARENDELL WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ST  
NAME DAVIS, ANGELA W  
STREET ADDRESS 747 VIOLET STREET  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE  
NAME Angela Wallace  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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: Carolyn D. Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

224-3730

Daytime Phone #

CR2E034 (10/02)