2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90048 046 ***150.00

DOCUMENT # P96000042217

1. Entity Name WILSON, FORD + LOVELACE, P.A.

Principal Place of Business: 401 S. LINCOLN AVE CLEARWATER FL 33756

Mailing Address: SAME

L0000307

2. Principal Place of Business	3. Mailing Address
401 S. LINCOLN AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CLEARWATER FL	City & State
Zip 33756 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3385238 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

WILLIAM K. LOVELACE
401 S. LINCOLN AVE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name WILLIAM K. LOVELACE
Street Address (P.O. Box Number is Not Acceptable) 401 S. LINCOLN AVE
City CLEARWATER FL Zip Code 33756

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] 4-28-00
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAM K. LOVELACE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S WILLIAM K. LOVELACE 401 S. LINCOLN AVE. CLEARWATER FL 33756 ☒ 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
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CR2E034 (9/99)

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], PRES 4-28-00