

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096856

1. Entity Name
MATTHEW W. SOWELL, P.A.

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90072 009 ***550.00

081200
AV

Principal Place of Business ONE INDEPENDENT DRIVE.. SUITE 3220 JACKSONVILLE FL 32202	Mailing Address ONE INDEPENDENT DRIVE.. SUITE 3220 JACKSONVILLE FL 32202
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SOWELL, MATTHEW W ONE INDEPENDENT DRIVE., SUITE 3220 JACKSONVILLE FL 32202	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. If 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 \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State
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10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWELL, MATTHEW W ONE INDEPENDENT DRIVE #3220 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Matthew W. Sowell*

8/02/01

904/358-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)