

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90014 027 ***150.00

DOCUMENT # P96000103201**1. Entity Name**
ROY W. FOXALL, P.A.**Principal Place of Business****2222 SECOND ST**
FT. MYERS FL 33901
US**Mailing Address****2222 SECOND ST**
FT. MYERS FL 33901
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**FT. MYERS**
Suite, Apt. #, etc.**3. Mailing Address****SAME**
Suite, Apt. #, etc.**CITY & STATE**
SAME**CITY & STATE**
SAME**4. FEI Number**
65-0720093**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****FOXALL, ROY W**
2222 SECOND ST
FT. MYERS FL 33901**7. Name and Address of New Registered Agent****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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	FOXALL, ROY W	
STREET ADDRESS	2222 SECOND ST	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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**1/14/02 (941) 461-0065**
Date Daytime Phone #

CR2E034 (9/01)