

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90146 044 ***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

2. Principal Place of Business

2000 MAIN ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

STE. 304

Suite, Apt. #, etc.

City & State

FT. MYERS

City & State

Zip

FL

Country

LEE

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0720093**

Applied For

Not Applicable

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

2000 MAIN ST.
STE. 304

7. Name and Address of New Registered Agent

Name **SAME**

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

2000 MAIN ST.

STE. 304

City **FT. MYERS**

FL

Zip Code

33901

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

1/29/03

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

TITLE ☐ Delete
NAME **DPST FOXALL, ROY W**
STREET ADDRESS ~~**2222 SECOND ST**~~ **2000 MAIN ST. STE.**
CITY-ST-ZIP **FT. MYERS FL 33901** **304**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE OF ROY W. FOXALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/03 (239) 461-0065

CR2E034 (10/02)