2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90005 047 ***150.00

DOCUMENT # P97000008983

1. Entity Name

WILLIAM C. CUMBIE, P.A.

Principal Place of Business	Mailing Address
1100 SANGRASS VILLAGE DR. SUITE 201-C PONTE VEDRA BEACH FL 32082	1100 SANGRASS VILLAGE DR. SUITE 201-C PONTE VEDRA BEACH FL 32082 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3415513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUMBIE, WILLIAM C 1100 SAWGRASS VILLAGE DR. STE 201-C PONTE VEDRA BEACH FL 32082-3083	Name WM CUMBIE Street Address (P.O. Box Number is Not Acceptable) 1914-D Art Museum Dr City Jacksonville FL **FL** Zip Code 32207

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 Wm C Cumbie

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 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	D CUMBIE, WILLIAM C 1100 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH FL 32082-3083	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CUMBIE WILLIAM C 1914-D ART MUSEUM Drive JACKSONVILLE FL 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Wm C Cumbie 3/12/02 904 3980453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #