

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-13-2001 90054 018 ***150.00

DOCUMENT # P97000043118

1. Entity Name:

LAW OFFICE WENDY COXHEAD, P.A. ✓

Principal Place of Business

3333 HENDERSON BLVD.
#150
TAMPA FL 33609

Mailing Address

3333 HENDERSON BLVD.
#150
TAMPA FL 33609

2. Principal Place of Business

1419 SE 83rd ST.

3. Mailing Address

1419 SE 83rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWCASTLE, WA

City & State

NEWCASTLE, WA

Zip

98059

Country

USA

Zip

98059

Country

USA

4. FEI Number 59-3449118

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COXHEAD, WENDY
3333 HENDERSON BLVD.
#150
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

WENDY COXHEAD

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

2 ADALIA AVE #506

City

TAMPA

FL

Zip/Code

33606

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

2/7/01

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, 2001 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

TITLE ☐ DeleteD
COXHEAD, WENDY
2 ADALIA AVENUE, #506
TAMPA FL 33606TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ AdditionWENDY COXHEAD
1419 SE 83rd ST.
Newcastle, WA 98059TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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

Date

Daytime Phone #

2/7/01 425-271-1899

CH2E034 (10/00)