

2002 UNIFORM BUSINESS REPORT (UBR)

0001530 AV

DOCUMENT # P97000083783

1. Entity Name
JAMES S. PURDY, P.A.

FILED

02 JUL 30 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
444 SEABREEZE BLVD., STE. 730
DAYTONA BEACH FL 32118

Mailing Address
444 SEABREEZE BLVD., STE. 730
DAYTONA BEACH FL 32118

2. Principal Place of Business
457 South Ridgewood Ave.
Suite, Apt. #, etc.

3. Mailing Address
457 South Ridgewood Ave.
Suite, Apt. #, etc.

City & State
Daytona Beach, Florida

City & State
Daytona Beach, Florida

Zip
32114

Zip
32114

Country

Country

4. FEI Number 59-3477878

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PURDY, JAMES S
444 SEABREEZE BLVD., STE. 730
DAYTONA BEACH FL 32118

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D PURDY, JAMES S 444 SEABREEZE BLVD., STE. 730 DAYTONA BEACH FL 32118 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 457 South Ridgewood Avenue Daytona Beach, FL 32114 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600006917606--7 -08/06/02--01051--005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition ****150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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] 7/22/02 (386) 252-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

LAW OFFICE *Attachments*
JAMES S. PURDY, P.A.
ATTORNEY AT LAW

JAMES S. PURDY
457 S. Ridgewood Avenue
Daytona Beach, FL 32114

(386) 252-8955
Fax: 386-239-0244
E-mail: jaspurdy@aol.com

#9700008373

July 25, 2002

Florida Department of State
Division of Corporation
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Address Change and Request to Abate for James S. Purdy, P.A.

Dear Sir/Madam:

This letter is to request an address change regarding the Uniform Business Report for my law office. As you will notice I have corrected the address on the UBR form.

Because of a new address, I received the UBR form late, causing a late fee of \$550.00. I would request due to the change of address and receiving the UBR form late that the late fees and interest be abated if possible. Should you have any questions, do not hesitate to contact my office at (386) 252-8955.

Thank you for your time and consideration.

Very truly yours,

James S. Purdy
James S. Purdy, P.A.

JSP/ak
Encl.