

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

01-24-2003 90111 019 ***150.00

DOCUMENT # P98000016556

1. Entity Name

DWIGHT W. SEVERS & ASSOCIATES, P.A.



Principal Place of Business

770 N CARPENTER RD
TITUSVILLE FL 32796

Mailing Address

770 N CARPENTER RD
TITUSVILLE FL 32796

Law Offices of

Dwight W. Severs & Associates, PA
Post Office Box 6088

Titusville, FL 32782-6088

Law Offices of

Dwight W. Severs & Associates, PA
Post Office Box 6088

Titusville, FL 32782-6088



☐ CHECK HERE IF MAKING CHANGES

FEI Number NOT APPLICABLE Applied For Not Applicable

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

Zip Country Zip

6. Name and Address of Current Registered Agent

SEVERS, DWIGHT W
509 SOUTH PALM AVE
TITUSVILLE FL 32796

770 N. Carpenter Rd
Titusville, Fla 32796

7. Name and Address of New Registered Agent

Name Dwight W. Severs

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

P.O. Box 6088
770 N. Carpenter Rd 32796
City Titusville, Fla. FL Zip Code 32782

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

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 D
NAME SEVERS, DWIGHT W
STREET ADDRESS 770 N CARPENTER RD
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Dwight W. Severs 1/19/03 321-383-5692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)