

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90137 046 ***150.00

DOCUMENT # P98000100195

1. Entity Name
WILLIAM R. PURSELL, ESQ., INC.



Principal Place of Business
**3832 KILLEARN CT
TALLAHASSEE FL 32308**

Mailing Address
**3832 KILLEARN CT
TALLAHASSEE FL 32308**



2. Principal Place of Business
**1882 Capital Circle N.E.
Suite 205**

3. Mailing Address
**1882 Capital Circle N.E.
Suite 205**

☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number
59-3544939

Applied For
☐ Not Applicable

Zip
32308

Country
USA

Zip
32308

Country
USA

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

6. Name and Address of Current Registered Agent

**PURSELL, WILLIAM R
3832 KILLEARN CT
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**1882 Capital Circle N.E.
Suite 205**
City **Tallahassee** **FL** Zip Code **32308**

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 *William R. Purcell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PURSELL, WILLIAM R 3832 KILLEARN CT TALLAHASSEE FL 32308 <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 | Owner/President William R. Purcell 1882 Capital Circle N.E. Suite 205 Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

William R. Purcell
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

Date

850 894 8800

Daytime Phone #

CR2E034 (10/02)