

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90077 007 ***150.00

DOCUMENT # P99000026355

1. Entity Name
JAMES C. HADAWAY, P.A.

Principal Place of Business
INTERVEST PLAZA
635 COURT STREET, SUITE 101
CLEARWATER FL 33756

Mailing Address
INTERVEST PLAZA
635 COURT STREET, SUITE 101
CLEARWATER FL 33756



2. Principal Place of Business
Intervest Plaza

3. Mailing Address
Intervest Plaza

Suite, Apt. #, etc.
635 Court St., Ste. 202

Suite, Apt. #, etc.
635 Court St., Ste. 202

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number **59-3561720**

Applied For
 Not Applicable

Zip
33756

Country
USA

Zip
33756

Country
USA

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

HADAWAY, JAMES C
INTERVEST PLAZA
635 COURT ST, SUITE 101 Ste. 202
CLEARWATER FL 33756

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.

SIGNATURE _____
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 ☐ Delete
D
 NAME **HADAWAY, JAMES C**
 STREET ADDRESS **635 COURT ST, SUITE 101 Ste. 202**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **635 Court St., Ste. 202**
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Hadaway

Date

1/9/02

727-466-0336

Daytime Phone #

CR2E034 (9/01)