

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90412 041 ***150.00

DOCUMENT # V00439

1. Entity Name
JOSHUA A. WHITMAN, P.A.

Principal Place of Business
10151 DEERWOOD PARK BLVD.
BLDG. 100 STE 250
JACKSONVILLE FL 32256
US

Mailing Address
P O BOX 551260
JACKSONVILLE FL 32255



2. Principal Place of Business
815 South Main St

3. Mailing Address

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

Zip
32207

Country

Zip

Country

4. FEI Number **59-3096844**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITMAN, JOSHUA A
10151 DEERWOOD PARK BLVD.
BLDG. 100 STE 250
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name **Joshua A. Whitman**
 Street Address (P.O. Box Number is Not Acceptable)
815 South Main Street
Suite 200
 City **Jacksonville** **FL** Zip Code **32207**

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

(NOTE: Registered Agent signature required when reinstating)

4/9/02
 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

TITLE **DPST** ☐ Delete
 NAME **WHITMAN, JOSHUA A.**
 STREET ADDRESS **10151 DEERWOOD PARK BLVD. BLDG. 100/250**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
 NAME **Whitman, Joshua**
 STREET ADDRESS **815 S. Main Street #200**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

904 346 3800

Daytime Phone #

CR2E034 (9/01)