

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90179 009 ***150.00

DOCUMENT # V23754

1. Entity Name
W. THOMAS LOVETT, P.A.

Principal Place of Business
200 EAST ROBINSON STREET
SUITE 500
ORLANDO FL 32801

Mailing Address
200 EAST ROBINSON STREET
SUITE 500
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
801 N. Magnolia Avenue
 Suite, Apt. #, etc.
Suite 301

3. Mailing Address
801 N. Magnolia Ave.
 Suite, Apt. #, etc.
Suite 301

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-3108689**

Applied For
☐ Not Applicable

Zip **32803** Country

Zip **32803** Country

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

LOVETT, W. THOMAS
~~**200 EAST ROBINSON STREET**~~ **801 N. MAGNOLIA AVE.**
~~**SUITE 500**~~ **SUITE 301**
ORLANDO FL 32801 **ORLANDO, FL 32803**

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 *W. Thomas Lovett*
 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 **P** ☐ Delete
 NAME **LOVETT, THOMAS W**
 STREET ADDRESS ~~**200 EAST ROBINSON ST SUITE 500**~~
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **801 N. MAGNOLIA AVE., SUITE 301**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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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: *W. Thomas Lovett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02 407423 3303
 Date Daytime Phone #

CF2E034 (9/01)