2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

L76299 DOCUMENT #

1. Entity Name

Principal Place of Business

GREGG W. AUSNEHMER, CPA, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90483 042 ***150.00

555 NW 4 AVE	NUE	555 NW 4 AVENUE	~						
114		114			CHRURH DO LOGIE É		an árin min ar	II 2000 IEE	
BOCA RATON FL 33432		BOCA RATON FL 33432							
US	(0)	US 3. Mailing Address					BUL BABIA BUSAN BU		
2. Principal Place of Business 2680 SW BEAR PAW TRAIL		2680 SW BEAR PAW TRAIL							
Suite, Apt. #; etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES A FEI Number Applied For				
City & State PALM CITY FL PALM CITY			Y FL	65-0200826 Not Applicable			Applicable		
Zip : 3 4 9 9 6	Country	Zip 34990	Country にふ		5. Certificate of Status [Desired 🔲	\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address	of New Registered	Agent		
				Name					
AUSNEHMER, GREGG W.				Street Address (P.O. Box Number is Not Acceptable)					
555 NW 4 AVENUE				2680 SW BEAR PAW TRAIL					
SSS (III 4 AVEINGE								1	
#114	TON EL 22422	City	City Palm CITY FL Zip Code 30						
					37710				
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or	register	ed agent, or both, in the S			and accept	
SIGNATURE By W Chusneline 1-6-03									
SIGNATORE .	Signature, typed of photoed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signat	ure required	when reinstating)	DAIE			
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. Added to Fees									
Make Check			1 44		ADDITIONS/CHANGE	S TO OFFICERS AND	D DIRECTORS	3 IN 11	
10.	OFFICERS AND		11.	1	ADDITIONS/CHANGE	3 10 011 102/107/110	Change	☐ Addition 8	
TITLE	PST	☐ Delete	TITLE NAME					☐ Addition 8	
NAME	AUSNEHMER, GREGG W. 555 NW 4 AVE		STREET ADDRESS	268	30 SW BEAR	PAW TRAIL	-	()	
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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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date									
	SIGNATURE KNO TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Date		Caymine Filone #		