## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

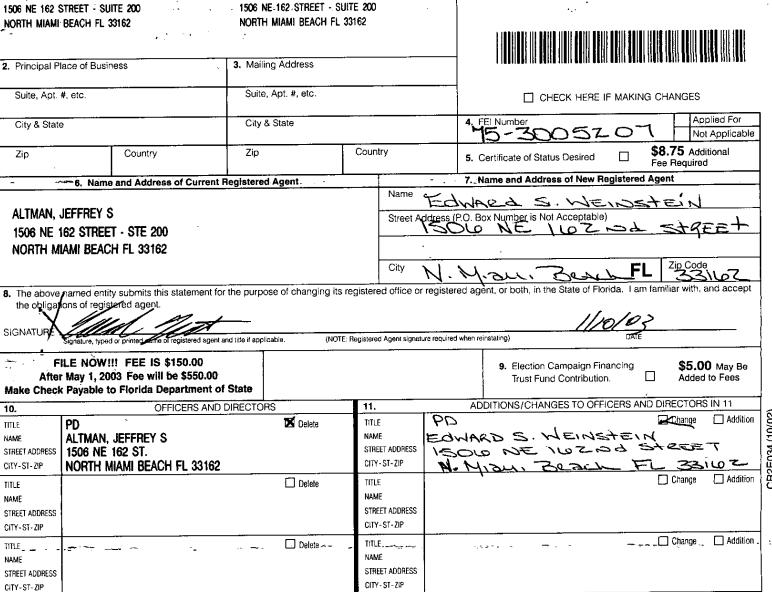
Mailing Address

## P02000019003 DOCUMENT #

1. Entity Name

CIVIL TRIAL PRACTICE, P.A.

Principal Place of Business



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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

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NAME

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE:

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AEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED

Jan 15, 2003 8:00 am

**Secretary of State** 

01-15-2003 90221 013 \*\*\*150.00

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