

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90110 031 ***150.00

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1. Entity Name
ANTHONY J. ALONEFTIS, P.A.

Principal Place of Business
**2880 TENNIS CLUB DRIVE
403
WEST PALM BEACH FL 33417**

Mailing Address
**2880 TENNIS CLUB DRIVE
403
WEST PALM BEACH FL 33417**



2. Principal Place of Business
324 Datura Street

3. Mailing Address
324 Datura Street

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
West Palm Beach, Fl.

City & State
West Palm Beach, Fl.

Zip
33401

Country
U.S.A.

Zip
33401

Country
U.S.A.

4. FEI Number
35-2160598

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALONEFTIS, ANTHONY J
2880 TENNIS CLUB DRIVE
403
WEST PALM BEACH FL 33417**

Name: **Aloneftis, Anthony J.**
Street Address (P.O. Box Number is Not Acceptable):
**324 Datura Street
Suite 200**
City: **West Palm Beach FL** Zip Code: **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anthony J. Aloneftis*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/19/03
DATE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ALONEFTIS, ANTHONY J	2880 TENNIS CLUB DRIVE, APT. 403	WEST PALM BEACH FL 33417	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	ALONEFTIS, ANTHONY J	324 Datura Street, Suite 200	West Palm Beach, Fl. 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Anthony J. Aloneftis* (President) **3/19/03** (561) 655-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)