

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047909

1. Entity Name
RONDA GARNER, P.A.

Principal Place of Business: 19 COOL WATER CT. PALM COAST, FL 32137
Mailing Address: 19 COOL WATER CT. PALM COAST, FL 32137

2. Principal Place of Business: 19 COOL WATER CT. PALM COAST, FL 32137
3. Mailing Address: 19 COOL WATER CT. PALM COAST, FL 32137

4. FEI Number: **01-0687831** Applied For Not Applicable

5. Certificate of Status Destroyed \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **GARNER, RONDA 19 COOL WATER CT. PALM COAST, FL 32137**

7. Name and Address of New Registered Agent: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

9. Section Campaign Financing Trust Fund Contribution. \$8.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVST NAME: GARNER, RONDA STREET ADDRESS: 19 COOL WATER CT. CITY-ST-ZIP: PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GARNER, RONDA STREET ADDRESS: 19 COOL WATER CT. CITY-ST-ZIP: PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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(2)(1), 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 authority empowered.

SIGNATURE: *Ronda Garner* DATE: *4/29/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

55046338



CHECK HERE IF MAKING CHANGES

CRESSA (UBR)