

FILED
Aug 04, 2003 8:00 am
Secretary of State

07-24-2003 90111 014 ***150.00

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

7/2

DOCUMENT # P02000079778

1. Entity Name
COLLEEN WITKOP, P.A.



Principal Place of Business
4646 S.W. 107TH TERRACE
FT. LAUDERDALE FL 33328

Mailing Address
4646 S.W. 107TH TERRACE
FT. LAUDERDALE FL 33328

55053159

2. Principal Place of Business
4646 S.W. 107 Terr.
Suite, Apt. #, etc.

3. Mailing Address
4646 SW 107 Terr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale
Zip
Ft.

City & State
Ft. Lauderdale
Zip
Broward

4. FEI Number
45-0482574
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WITKOP, COLLEEN H
4646 S.W. 107TH TERRACE
FT. LAUDERDALE FL 33328

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President (only officer) ☐ Delete
Colleen Witkop
4646 SW 107 Terr
Ft. Lauderdale, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Colleen H. Witkop
Colleen H. Witkop 7/21/03 954-801-8175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
55053159

P02000079778

July 21, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

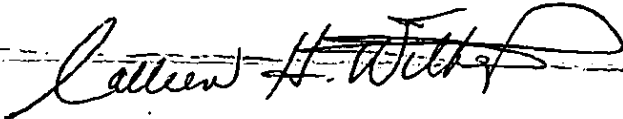
To Whom It May Concern:

I'm enclosing my check for \$150.00 for the UBR Report.

This is the first notice I have received from your office.

If you should have any question, please call me at 954-801-8175.

Sincerely,



Colleen H. Witkop, P.A. P02000079778