

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90315 047 ***150.00

DOCUMENT # **P02000119748**

1. Entity Name
PAUL R. BARBOSA, P.A.



Principal Place of Business
**4929 GOLDTREE WAY
SARASOTA FL 34232**

Mailing Address
**4929 GOLDTREE WAY
SARASOTA FL 34232**



2. Principal Place of Business
4941 Bookelia Cir
Suite, Apt. #, etc.

3. Mailing Address
4941 Bookelia Cir
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Bradenton FL
Zip
34203

City & State
Bradenton FL
Zip
34203

4. FEI Number
02-0650803

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**UNGER, RC CPA
411 COMMERCIAL CT SUITE D
VENICE FL 34292**

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

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	
TITLE Director	<input type="checkbox"/> Delete
NAME Paul R. Barbosa	
STREET ADDRESS 4941 Bookelia Cir	
CITY-ST-ZIP Bradenton, FL 34203	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Paul R. Barbosa	
STREET ADDRESS 4941 Bookelia Cir	
CITY-ST-ZIP Bradenton FL 34203	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date **1-10-03** Daytime Phone # **(941) 755-9151**

CR2E034 (10/02)