Feb 11, 2003 8:00 am Secretary of State

FILED

02-11-2003 90080 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

P96000006045

1. Entity Name

SHARON C. BRANNAN, CPA PA

Principal Place of Business 161 N MAIN ST WILLISTON FL 32696		Mailing Address 161 N MAIN ST WILLISTON FL 32696						,	
2. Principal P	Place of Business	3. Mailing Address					LKIN BIKLI BOULI	1 [11] 11] 152	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4. F	El Number 59-3356202		oplied For	
Zip	Country	Zip Cour		ntry	5. Certificate of Status Desired [\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Registered A			
				Name					
	N, SHARON C		Street Ad		ss (P.O. Box Number is Not Acceptable)				
161 N. MAIN STREET WILLISTON FL 32696						1 SAMPAGE SET			
				City	FL Zip Code				
	named entity submits this statement for lions of registered agent. Signature, typed or printed name of registered agent a			ed office or registe	p. 2	ent, or both, in the State of Florida. I am fa	amiliar with,	and accept	
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.		May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD.	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brannan, Sharon C CPA 161 N Main ST Williston Fl 32696	☐ Delete	TITL NAM STRE	E		·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete		23-2-12-12-13	:	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition