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

Mailing Address

3. Mailing Address

STE 201

US

1630 S CONGRESS AVE

PALM SPRINGS FL 33461

## **DOCUMENT #** 573499

1. Entity Name

STE 201

Principal Place of Business

1630 S CONGRESS AVE

PALM SPRINGS FL 33461

2. Principal Place of Business

JOSEPH A. VASSALLO, P.A.



Mar 20, 2003 8:00 am Escretary of State 03-20-2003 90161 013 \*\*\*150.00 ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-1825711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Zip Code DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

**FILED** 

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country 6. Name and Address of Current Registered Agent VASSALLO, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 1630 S CONGRESS AVE STE 201 PALM SPRINGS FL 33461 City 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE Change Addition NAME VASSALLO, JOSEPH A NAME STREET ADDRESS 1630 S CONGRESS AVE STE 201 STREET ADDRESS CITY-ST-ZIP PALM SPRINGS FL 33461 CITY-ST-ZIP TITLE VPSD ☐ Delete TITLE Change ☐ Addition NAME BILOTTA, JOSEPH NAME STREET ADDRESS 1630 S CONGRESS AVE STREET ADDRESS CITY-ST-ZIP PALM SPRINGS FL 33461 CITY-ST-ZIP TITLE **VPSD** ■ Delete~ VPTD TITLE ☐ Addition NAME VASSALLO, BRIAN P NAME Vassallo, Brian P. STREET ADDRESS 1630 S CONGRESS AVE STREET ADDRESS 1630 S. Congress Avenue CITY-ST-ZIP PALM SPRINGS FL 33461 CITY-ST-ZIP <u>Palm Springs, FL 33461</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

Vice President/Secretary

3/17/03

561-432-1994

Daytime Phone #