

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90384 009 ***150.00

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

DOCUMENT # 589081

1. Entity Name
ANDREW L. SIPOS, JR., P.A.



Principal Place of Business Mailing Address
 250-BIRD RD **40935 Fletcher Rd.** 250-BIRD RD
 STE #302 **UMATILLA, FL** STE #302
 CORAL GABLES, FL 33146 **32784** CORAL GABLES, FL 33146

2. Principal Place of Business 3. Mailing Address
40935 Fletcher Rd **40935 Fletcher Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
UMATILLA FL **UMATILLA FL**
 Zip Country Zip Country
32784 US **32784 US**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SIPOS, JR., ANDREW L.
250-BIRD RD
CORAL GABLES, FL 33146
40935 Fletcher Rd
UMATILLA FL 32784

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

4. FEI Number Applied For
59-1849673 Not Applicable

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

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's 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIPOS, JR., ANDREW L. 250-BIRD RD. CORAL GABLES, FL 40935 Fletcher Rd. UMATILLA FL 32784	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address, with all other like empowered.

SIGNATURE: Andrew L. Sipo, Jr. **4/16/05 352 669-7151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)