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

## 663583 DOCUMENT #

1. Entity Name

PADGETT & ASSOCIATES, INC.



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90066 010 \*\*\*155.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   4. FEI Number 59-1971988   Applied for Not Applied 20   Not Applied 50   Not Applie	Principal Place BOX 1148 PINHURST NC US		Mailing Address BOX 1148 PINHURST NC 28370 US  3. Mailing Address				
City & State    City & State   City & State   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   S. Certificate of Status Desired   \$8.75 Additional Fee Required   S. Certificate of Status Desired   \$8.75 Additional Fee Required   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Street Address of New Registered Agent   Name   Street Address of New Registered Agent   Street Address of					CHECK HEBE IE WAKING CHANGES	-	
Zip Country Zip Country 5, Certificate of Status Desired	•		City & State		4 FEI Number Applied For	_	
FOSTER, JOHN FENN 501 S FLAGLER DR SUITE 305 WEST PALM BEACH FL 33401  8. The above named entity submit to this statement for the purpose of changing its registored office or registered agent, or both, in the State of Foota. I am tarnitir ar with, and accurately the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME PADGETT, JOAN SIRET ADDRESS OITY-ST-2P PIDD Delete NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME NAME NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME NAME SIRET ADDRESS OITY-ST-2P FILE NOALD E NAME SIRET	City & State		Ony a Grate		59-1971988 <b>▼</b> Not Applicab	ole	
FOSTER, JOHN FENN 501 S FLAGLER DR SUITE 305  WEST PALM BEACH FL 33401  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 Florids. I am familiar with, and acceptable of the obligations of registered agent are statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and acceptable or registered agent, or both, in the State of Florids. I am familiar with, and acceptable or registered agent, or both, in the State of Florids. I am familiar with, and acceptable or registered agent, or both, in the State of Florids. I am familiar with, and acceptable or registered agent, or both, in the State of Florids. I am familiar with, and acceptable or registered agent, or both, in the State of Florids. I am familiar with, and acceptable or registered agent, or both, in the State of Florids. I am familiar with, and acceptable to Florids of Registered Agent signature required when replaced when re	Zip	Country	Zip	Country			
FOSTER, JOHN FENN 501 S FLAGLER DR SUITE 305  WEST PALM BEACH FL 33401  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 liamidiar with, and accelerately agent and so of egistered agent.  SIGNATURE    Signature, hypero or profined name of registered agent and so of application.   NOTE Registered Agent signature required Amon stringling in the State of Florida. I am liamidiar with, and accelerately agent and so of application.   NOTE Registered Agent signature required Amon stringling in the State of Florida. I am liamidiar with, and accelerately agent and so of application.   NOTE Registered Agent signature required Amon stringling in the State of Florida. I am liamidiar with, and accelerately agent and so of application.   NOTE Registered Agent signature required Amon stringling in the State of Florida. I am liamidiar with, and accelerately agent ag		6. Name and Address of Curren	t Registered Agent	Nama	7. Name and Address of New Registered Agent	-	
SOIT S FLAGLER DR SUITE 305  WEST PALM BEACH FL 33401  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 Fiorida. I am lamiliar with, and accident the polygose of agent agent entitle of laminary with and accident to displace agent agent entitle of agent entitle of signature, hyped or printer name of registered agent entitle of applicable.  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  PADGETT, JOAN  SIRET ADDRESS  CITY-ST-ZP  PINEHURST NC 28374  1TILE  Delete  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZP  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITL	EOSTED JOHN FENN				+		
### REST PALM BEACH FL 33401    City				Street Address	iss (P.O. Box Number is Not Acceptable)	_	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent.  SIGNATURE    Signature, typed for printed name of registered agent and other lapplicable.   INOTE: Registered Agent signature required when reneating)   DATE    FILE NOW!!! FEE IS \$150.00	*						
SIGNATURE    Signature, typed or protect agent and title if applicable.   (NOTE: Registered Agent signature required when rendating)   DATE	WEST PAL	M BEACH FL 33401		City	FL Zip Code		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PADGETT, JOAN STREET ADDRESS CITY-SIT-ZIP PADGETT, JONALD E PADGETT, DONALD E STREET ADDRESS CITY-SIT-ZIP TITLE NAME NAME STREET ADDRESS CITY-SIT-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-SIT-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	the obligat	ions of registered agent.				t	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP PTD PADGETT, JOAN PNEHURST NC 28374  TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD PADGETT, DONALD E PADGETT, DONALD E PADGETT, DONALD E PADGETT, DONALD E PO. BOX 1148 NA PINEHURST NC 28374  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME TITLE NAME NAME NAME NAME NAME NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Afte	r May 1, 2003 Fee will be \$550.00	l l		Trust Fund Contribution. Added to Fees	3	
NAME STREET ADDRESS CITY-ST-ZIP PADGETT, JOAN PINEHURST NC 28374 STREET ADDRESS CITY-ST-ZIP PADGETT, DONALD E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHAPTER NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CHAPTER NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CHAPTER NAME NAME NAME NAME NAME NAME NAME NAME		· · · · · · · · · · · · · · · · · · ·		<del></del>	· · · · · · · · · · · · · · · · · · ·	ion §	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	PADGETT, JOAN P.O. BOX 1148 NA	Delete	NAME STREET ADDRESS	Citaliye Audiii	2007	
TITLE         Delete         TITLE         NAME         Add         Add           STREET ADDRESS CITY-ST-ZIP         STREET ADDRESS         CITY-ST-ZIP         CTTY-ST-ZIP	NAME STREET ADDRESS	PADGETT, DONALD E P.O. BOX 1148 NA	☐ Delete	NAME Street Address	☐ Change ☐ Additi	on C	
NAME . STREET ADDRESS . STREET ADDRESS . CITY-ST-ZIP . CITY-ST-ZIP . TITLE . Delete . TITLE . NAME .	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Additi	.on	
NAME NAME	NAME . STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Additi	on	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Additi	ion	
TITLE  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 is proposed.	NAME STREET ADDRESS CITY-ST-ZIP	portify that the information available		NAME STREET ADDRESS CITY-ST-ZIP			

indicated on trils report or suppremental 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: