2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F76126**

1. Entity Name

FREDRICK L. RICE, P.A.



FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90104 015 ***150.00

						OO WE TO					
Principal Pla	ace of Busines	s	Mailir	ng Address	-						
% FREDRICI	K L RICE		% FREDRICK L RICE								
5611 ST AU	IGUSTINE ROAI	D	5611	5611 ST AUGUSTINE ROAD							
JACKSONVII	LLE FL 32207		JACH	(SONVILLE FL 3220)	7						
2. Principal	Place of Busin	ness	3. Mailing Address				-		BIRN CLUM RING		
Suite, Ap	t. #. etc.	·	Suite, Apt. #, etc.				_				
								CHECK HERE IF MAKING CHANGES			
City & Sta	ate		City & State			4.	FEI Number 59-2178893		Applied For lot Applicable		
Zip Country			Zip		Country	ountry 5.		Certificate of Status Desired	\$8.75 Ad	dditional	
	6. Name	and Address of Currer	nt Registere	ed Agent	- -		7. 1	Name and Address of New Registered			
						Name		the same reservoir or the registered	Agent		
	redrick L Augustine	: ROAD		Street Addres			ss (P.O. E	(P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32207											
						City		Fl	Zip Cod	de e	
8. The above the obliga	e named entity ations of regist	submits this statement ered agent.	for the purp	ose of changing its	registered	office or regi	stered ag	gent, or both, in the State of Florida. I am	l. ı famillar with,	, and accept	
SIGNATURE		JE*									
·	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOT	E: Registered Ag	gent signature req	uired when re	einstating) DATE		 }	
F	ILE NOW!!	! FEE IS \$150.00		-							
After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financing		OO May Be	
Make Check Payable to Florida Department of State								Trust Fund Contribution.	Added	d to Fees	
10.		J OFFICERS ANI	D DIRECTO	RS	11.		AD	I DDITIONS/CHANGES TO OFFICERS ANI	DIRECTOR	S IN 11	
TITLE	PD			☐ Delete	TITLE				☐ Change	Addition	
NAME	RICE, FRE				NAME				ondingo	L Addition	
STREET ADDRESS		ugustine RD			STREET A	DORESS					
CITY-ST-ZIP	JACKSON	/ILLE, FL 00000			CITY-ST-	ZIP					
TITLE		<u>.</u>		☐ Delete	TITLE			* .	☐ Change	☐ Addition	
NAME					NAME				Onlange	- Accidion	
STREET ADDRESS					STREET A	DDRESS				J	
CITY-ST-ZIP					CITY-ST-	ZIP				ļ	
TITLE		-		☐ Delete	TITLE			· <u></u> - · · · ·	☐ Change	Addition	
NAME				_ 20000	NAME					Addition	
STREET ADDRESS					STREET AL	DORESS					
CITY-ST-ZIP					CITY-ST-						
TITLE				☐ Delete	TITLE	_			Channa	[] Adduse	
NAME	1			L DOIGIG	NAME	1			☐ Change	Addition	
STREET ADDRESS					STREET AL	ODREGG					
CITY-ST-ZIP					CITY-ST-					1	
TITLE		·		☐ Delete	TITLE						
NAME				- Delete	NAME				Change	Addition	
STREET ADDRESS					STREET AD	nngegg				j	
CITY-ST-ZIP					CITY-ST-2						
TITLE		* ****		□ Dolata	-						
NAME				☐ Detete	TITLE	1			Change	☐ Addition	
STREET ADDRESS					NAME STREET AD	inneree					
					STREET AD	untoo				1	

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 truefee 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

March 5 2003 (964)7

964)139-0933