

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

FILED
May 05, 2003 8:00 am
Secretary of State


05-05-2003 90192 040 ***150.00

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DOCUMENT # **F85897**

1. Entity Name
E. LEBRON FREE, P.A.

#1870
4.30.3
\$150.00



Principal Place of Business
2725 PARK DRIVE
~~SUITE 3~~
~~CLEARWATER FL 33763~~
~~US~~

Mailing Address
2725 PARK DRIVE
~~SUITE 3~~
~~CLEARWATER FL 33763~~
~~US~~



2. Principal Place of Business
3005 STATE RD 590

3. Mailing Address
3005 STATE RD 590

Suite, Apt. #, etc.
STE. 206

Suite, Apt. #, etc.
STE. 206

City & State
CLEARWATER, FL

City & State
CLEARWATER

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1930330**

Applied For
 Not Applicable

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

Zip *33759* Country *VINELANDS*

Zip *33759* Country *VINELANDS*

6. Name and Address of Current Registered Agent

FREE, E. LEBRON
2725 PARK DRIVE
PARK PROFESSIONAL CENTER
CLEARWATER FL 34623

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3005 STATE ROAD 590, STE 206

City *CLEARWATER, FL* **FL** *33759*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE PD	<input type="checkbox"/> Delete
NAME FREE, E. LEBRON	
STREET ADDRESS 2725 PARK DRIVE	
CITY-ST-ZIP CLEARWATER-FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <i>3005 STATE ROAD 590, STE 206</i>	
CITY-ST-ZIP <i>CLEARWATER, FL 33759</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *E. LEON FREE* *4.30.3 (727) 796-0099*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)