2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address
C/O JOSEPH R. PARK

3. Mailing Address

City & State

Suite, Apt. #, etc.

US

1150 CLEVELAND STREET

CLEARWATER FL 33757

DOCUMENT # H33833

1. Entity Name

PARK AND OSSIAN, P.A.

Principal Place of Business

2. Principal Place of Business

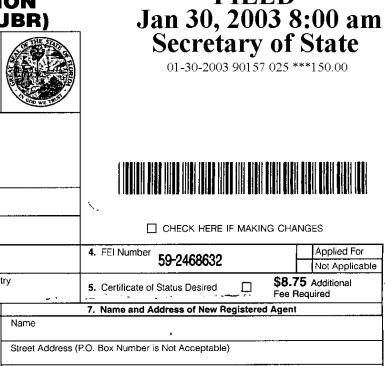
C/O JOSEPH R. PARK 1150 CLEVELAND STREET

CLEARWATER FL 33757

Suite, Apt. #, etc.

City & State

US



FILED

				39 2400032	No	ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PARK, JOSEPH R.				(80.8)			
•	/ELAND, SUITE 400		Street Addre	ess (P.O. Box Number is Not Acceptable	·)	1	
	•						
CLEARWA	TER FL 34615						
			City		FL Zip Cod	7 <i>5.5</i>	
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) DATE							
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Fir Trust Fund Contributio	n. 🗆 Added	00 May Be d to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11	
	CDP	☐ Delete	TITLE		☐ Change	Addition	
	PARK, JOSEPH R.		NAME				
	1150 CLEVELAND ST.		STREET ADDRESS			1	
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP				
TITLE	V	Delete	TITLE		☐ Change	☐ Addition	
NAME	ZDRAVKO, TYRONE		NAME			ł	
	1150 CLEVELAND ST, STE 400		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33757		CITY-ST-ZIP				
TITLE	S	☐ Delete	TITLE	· • -	☐ 'Change'	Addition	
NAME	OSSIAN, MARK A		NAME				
	1150 CLEVELAND-STREET STE 40	0	STREET ADDRESS				
	CLEARWATER FL 33757		CITY-ST-ZIP			ì	
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME			E	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	,			
TITLE		☐ Delete	TITLE		Change	Addition	
NAME			NAME		_ •	_	
STREET ADDRESS			STREET ADDRESS		•	1	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME		Dolete	NAME				
STREET ADDRESS			STREET ADDRESS		•		
CITY-ST-ZIP			CITY-ST-ZIP			ļ	
40 11				- 0			

2. 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 the empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-941-3777

Daytime Phone #

CR2E034 (10)