

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90265 007 ***150.00

DOCUMENT # J52000

1. Entity Name
DOREEN M. GOLDBRONN, P.A.



Principal Place of Business
**25400 US 19 N.
#190
CLEARWATER FL 33763
US**

Mailing Address
**25400 US 19 N.
#190
CLEARWATER FL 33763
US**

2. Principal Place of Business
**2706 ALT. 19 N.
Suite, Apt. #, etc.
222**

3. Mailing Address
**2706 ALT. 19 N.
Suite, Apt. #, etc.
222**

City & State
Palm Harbor, FL
Zip
34683
Country
USA

City & State
Palm Harbor, FL
Zip
34683
Country
USA

4. FEI Number
59-2767989

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDBRONN, DOREEN M.
25400 US 19 N.
STE. 190
CLEARWATER FL 33763**

7. Name and Address of New Registered Agent

Name
GOLDBRONN, DOREEN M.
Street Address (P.O. Box Number is Not Acceptable)
2706 ALT 19 N. SUITE 222
City
Palm Harbor **FL** Zip Code
34683

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/21/03**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	GOLDBRONN, DOREEN M.	25400 US 19 N. #179	CLEARWATER FL 33763	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	GOLDBRONN, DOREEN M.	2706 ALT. 19 N. #222	Palm Harbor, FL. 34683	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)