

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J59384

FILED
Jan 06, 2003
Secretary of State

Entity Name: RAYMOND K. SISLER, P.A.

Current Principal Place of Business:

2622 NW 43 ST
B1
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14563
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-2766493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISLER, RAYMOND K.
2622 NW 43 ST
B1
GAINESVILLE, FL 32606

Name and Address of New Registered Agent:

SISLER, RAYMOND K
2622 NW 43 ST
B1
GAINESVILLE, FL 32606

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.

SIGNATURE: RAYMOND K SISLER

01/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SISLER, RAYMOND K
Address: 2622 NW 43 ST B1
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VD () Delete
Name: SISLER, RAYMOND K
Address: 2622 NW 43 ST B1
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND K SISLER

PST

01/06/2003

Electronic Signature of Signing Officer or Director

Date