

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90152 002 ***150.00

DOCUMENT # L67755

1. Entity Name
FLORENCE FACTOR, P.A.



Principal Place of Business
% FLORENCE FACTOR
3430 GULFSHORE BLVD N 3B
NAPLES FL 34103
US

Mailing Address
% FLORENCE FACTOR
3430 GULFSHORE BLVD N 3B
NAPLES FL 34103
US

2. Principal Place of Business
Florence Factor
Suite, Apt. #, etc.
846 Anchor Rode Drive
City & State
Naples FL
Zip
34103
Country
Collier

3. Mailing Address
Same as #2
Suite, Apt. #, etc.
City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0199866** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FACTOR, FLORENCE
3430 GULFSHORE BLVD N 7J
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
Florence Factor
Street Address (P.O. Box Number is Not Acceptable)
108 Wilderness Drive #132
Naples
City
FL Zip Code
34105

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

(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	D <input type="checkbox"/> Delete
NAME	FACTOR, FLORENCE
STREET ADDRESS	3430 GULFSHORE BLVD N 3B
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	FACTOR, BERNARD
STREET ADDRESS	3430 GULFSHORE BLVD N 3B
CITY-ST-ZIP	NAPLES 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 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
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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: Florence Factor SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)