

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90137 008 \*\*\*150.00

**DOCUMENT # L81604**

1. Entity Name  
**SHARP & GAY, P.A.**



Principal Place of Business  
**4741 ATLANTIC BLVD  
SUITE F  
JACKSONVILLE FL 32207  
US**

Mailing Address  
**4741 ATLANTIC BLVD  
SUITE F  
JACKSONVILLE FL 32207  
US**



2. Principal Place of Business

**c/o 1515 Riverside Avenue**

Suite, Apt. #, etc.

**Suite B**

City & State  
**Jacksonville, Florida**

Zip  
**32204-4134**

Country  
**Duval**

3. Mailing Address

**c/o 1515 Riverside Avenue**

Suite, Apt. #, etc.

**Suite B**

City & State  
**Jacksonville, Florida**

Zip  
**32204-4134**

Country  
**Duval**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3006266**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SHARP, ROBERT M.  
4741 ATLANTIC BLVD, SUITE F  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name  
**Robert M. Sharp**  
Street Address (P.O. Box Number is Not Acceptable)  
**1515 Riverside Avenue, Suite B**  
City  
**Jacksonville** **FL** Zip Code  
**32204-4134**

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)

**April 22, 2003**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHARP, ROBERT M.</b> <b>4741 ATLANTIC BLVD., SUITE F</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WITHERS, RICHARD W</b> <b>4741 ATLANTIC BLVD., SUITE F</b> <b>JACKSONVILLE FL 32207</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Robert M. Sharp</b> <b>1515 Riverside Avenue, Suite B</b> <b>Jacksonville, Florida 32204-4134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 22, 2003 (904) 358-6655**

Date Daytime Phone #

CR2E034 (10/02)