## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N93000002383

1. Entity Name

CPA SOLE PRACTITIONERS, INC.



## FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90136 039 \*\*\*\*61.25

6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  HOCK, HAROLD C 40 REAL PKWY SW FORT WALTON BEACH FL 32548  City  FL  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 father obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Florida Departr  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  114. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  115. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  116. Delate  117. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  117. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  118. The Additional Additi	Applied For Not Applicab  \$8.75 Additional Fee Required
Suite, Apt. #, etc.   CHECK HERE IF MAKING  City & State   City & State   City & State   City & State   Country   S. Certificate of Status Desired   S. Cert	Applied For Not Applicab  \$8.75 Additional Fee Required
City & State  4. FEI Number 59-3 183991  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  HOCK, HAROLD C  40 REAL PKWY SW FORT WALTON BEACH FL 32548  City  FL  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 father obligations of registered agent.  SIGNATURE  Signature, typod or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS IT IS IT IN ITERATIONS AND DIRECTORS AND DIRECTORS IT ITERATIONS AND DIRECTORS IT IT ITERATIONS AND DIRECTORS IT IT IT ITERATIONS AND	Applied For Not Applicab \$8.75 Additional Fee Required
Zip Country Zip Country 5. Certificate of Status Desired    6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent    Name    HOCK, HAROLD C   40 REAL PKWY SW   FORT WALTON BEACH FL 32548	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  HOCK, HAROLD C 40 REAL PKWY SW FORT WALTON BEACH FL 32548  City  FL  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 ta the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Street Address (P.O. Box Number is Not Acceptable)  Name  City  FL  Note: Registered Agent signature required when reinstating)  DATE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent    Name	·
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## FORT WALTON BEACH FL 32548  City   FL  ## City   FL  ## City   FL  ##	
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FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITTLE  PD Delate TITLE	) familiar with, and accep
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TITLE PD Delete TITLE	ck Payable to rtment of State
	IRECTORS IN 10
NAME LAMALIE, GARY L NAME STREET ADDRESS CITY-ST-ZIP MARY ESTHER FL 32569  STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPD Delete TITLE  NAME YOUNG, DOUGLAS E  STREET ADDRESS CITY-ST-ZIP  PENSACOLA FL 32501  Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	☐ Change ☐ Additio
NAME HOCK, HAROLD G NAME STREET ADDRESS CHIY-ST-ZIP FT. WALTON BEACH FL STREET ADDRESS	☐ Change ☐ Additio
TITLE SD Delete TITLE SURBER, SUSAN NAME STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Change ☐ Addition
TITLE Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition

12. Thereby 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 617, 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:** 

1/15/03

250-244-0511