

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000004067

FILED
Jan 06, 2003
Secretary of State

Entity Name: HUSSEY & LILES, P.A.

Current Principal Place of Business:

3443 HANCOCK BRIDGE PARKWAY
SUITE 501
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 540
FORT MYERS, FL 339020540

New Mailing Address:

FEI Number: 65-0973263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, JOSEPH J
3443 HANCOCK BRIDGE PARKWAY
SUITE 501
NORTH FORT MYERS, FL 33903

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: J. MICHAEL HUSSEY,
Address: 3443 HANCOCK BRIDGE PARKWAY #501
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: LILES, PAUL E
Address: 3443 HANCOCK BRIDGE PARKWAY #501
City-St-Zip: NORTH FORT MYERS, FL 33903

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: J. MICHAEL HUSSEY

D

01/06/2003

Electronic Signature of Signing Officer or Director

_____ Date