


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90271 008 ***150.00

0382731 AV

DOCUMENT #	P00000024844	
1. Entity Name THOMAS J. STANFORD, P.A.		

Principal Place of Business 506 PRIVATEER ROAD NORTH PALM BEACH FL 33408	Mailing Address 506 PRIVATEER ROAD NORTH PALM BEACH FL 33408
--	--

2. Principal Place of Business 506 PRIVATEER ROAD	3. Mailing Address 506 PRIVATEER ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH PALM BEACH FL	City & State NORTH PALM BEACH FL
Zip 33408	Zip 33408
Country PAIN BEACH	Country PAIN BEACH

4. FEI Number 65-0991777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

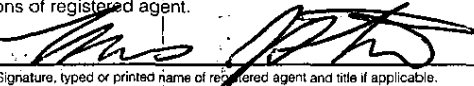
☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent STANFORD, THOMAS J 506 PRIVATEER ROAD NORTH PALM BEACH FL 33408	
---	--

7. Name and Address of New Registered Agent	
Name THOMAS J. STANFORD	
Street Address (P.O. Box Number is Not Acceptable) 506 PRIVATEER ROAD	
City NORTH PALM BEACH	FL Zip Code 33408

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)

DATE: **4/13/03**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STANFORD, THOMAS J		NAME	
STREET ADDRESS 506 PRIVATEER ROAD		STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STANFORD, THOMAS J		NAME	
STREET ADDRESS 506 PRIVATEER ROAD		STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowerment.

SIGNATURE:  DATE: **4/13/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)