## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P00000028604 DOCUMENT #

1. Entity Name

LAW OFFICES OF ALLEN & FCHEMENDIA PA



## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90174 007 \*\*\*150.00

BAWOIT	i iolo oi	ACCEIN & COLICIVI	CNDIA, F.A.							
Principal Place of Business 2910 WINTER LAKE ROAD LAKELAND FL 33803		Mailing Address 2910 WINTER LAK	=	<b>!</b>						
			LAKELAND FL 338	<b>3.</b> 3						
2. Principal F 2920 Suite, Apt.	WINIT	ness ER LAKE RD	3. Mailing Address 3-920 (U) Suite, Apt. #, etc	NTER	LAKE R	<b>D</b> ·	E HOOMOOF DIE KOEN BEEN BENIT KONN OKNIE	ODALE HODEL ADALE ANALI	<b>86</b>      <b>816</b>    1 <b>99</b>	
, , , ,	,		· · ·				CHECK HERE IF MA	KING CHANGES	3	
City & State  LAKELAND FL		City & State  WINTER LAKELAND FL			4.	. FEI Number <b>59-3630675</b>		pplied For lot Applicable	}	
Zip 3380		Country	Zip 338-03	Co	ountry		. Certificate of Status Desired	¢0.75	Iditional	1
		and Address of Current I		<u> </u>		7.	Name and Address of New Registe			1
CONTRACT	NDIA DAEA	 			Name	· =	جي پول مان مان جي تاريخ مينون مان	<del></del>	**************************************	} -
ECHEMENDIA, RAFAEL J 2910 WINTER LAKE ROAD						ddress (P.O. Box Number is Not Acceptable)				
	ID FL 33803				2/20	<u> </u>	TOR CARE FORTS			
					Çity			FL Zip Coo	de	ł
8. The above	named entit	ry submits this statement for	the purpose of chang	ging its regist	tered office or re	egistered a	gent, or both, in the State of Florida. I	- I J.J.	and accept	
the obligat	tions of regist	tered agent.				Ū	, , , , , , , , , , , , , , , , , , , ,		,	
SIGNATURE.										
0.0.0.0.0.	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: Begiste	tered Agent signatura	raquired when	reinstation	ATC		
	Signature, typed	or printed name of registered agent and	nd title if applicable.	(NOTE: Regist	tered Agent signature	required when	reinstating) Dr	ATE	· · ·	
F After	Signature, typed ILE NOW!! r May 1, 200	or printed name of registered agent and III FEE IS \$150.00 D3 Fee will be \$550.00 D5 Florida Department of		(NOTE: Regist	tered Agent signature	required when	9. Election Campaign Financing Trust Fund Contribution.	\$ <b>5.</b> (	00 May Be	
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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

Change

Addition