
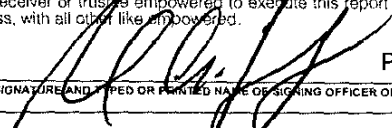


FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90329 047 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10109902

| | | | |
|---|---|---|-----------------------------------|
| DOCUMENT # P00000059202 | |  | |
| 1. Entity Name PAUL A. SANDS, P.A. | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 1201 WESTFIELD DRIVE | | 3. Mailing Address C/O PAUL SANDS | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 13131 UNIVERSITY DRIVE | | DO NOT WRITE IN THIS SPACE | |
| City & State FORT MYERS, FL | | City & State FORT MYERS, FL | |
| 4. FEI Number 65-1018102 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33919 | Country USA | Zip 33907 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| DO NOT WRITE IN THIS SPACE | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name THOMAS WANDERON | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| 868 106TH AVENUE NORTH | | | |
| City NAPLES FL Zip Code 34108 | | | |
| 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 _____ | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR - PAUL A. SANDS 1201 WESTFIELD DRIVE FORT MYERS, FL 33919 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | PAUL A. SANDS | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 7/7/03 Daytona Phone 239-489-3303 | |

CR2E034B (12/02)

Attachment 10109902

TAX, ACCOUNTING & FINANCIAL ASSOCIATES, INC.

Thomas Wanderson, EA
Jeffrey R. Lamb, EA
Brian Youngs

July 7, 2003

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314
Attn: Custodian of Records

RE: Paul A. Sands, P.A.
Charter No: P00000059202
2003 Uniform Business Report

Dear Custodian:

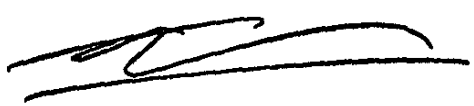
We are the Registered Agent for the above-named corporation.

The corporation did not receive the 2003 Uniform Business Report form and was unaware of its requirement to file an annual report. As such, we are requesting on behalf of the corporation a waiver of the late fees and request that the corporation be allowed to file its annual report along with the filing fee of \$150.00, all of which is attached hereto.

Please advise the corporation and my office as the Registered Agent accordingly.

Thank you for your cooperation.

Sincerely,
TAX, ACCOUNTING & FINANCIAL ASSOCIATES, INC.


BY: _____
Thomas Wanderson

Enclosures as stated
TW/ld

868 106th Avenue North
Naples, Florida 34108
Telephone: 239-591-4334

Fax: 239-591-2359
