2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-79-7003-90094 050 ***550.00 P00000093572

P00000093572 **DOCUMENT #**

03 SEP -5 AM 11:33

1. Entity Name

L FLORIDA, P.A.			NIH	TALLAHASSEE, FLORIDA		
1511 SW 15T AVE 1511 SW 18T A		Mailing Address 1511 SW 1ST AVE OCALA FL 34474				
2. Principal P	Place of Business	3. Mailing Address			i adioa silos difia (<u> (1844 1844 1879 </u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	G CHANGES	
City & State		City & State		4. FEI Number 59-3674775	<u> </u>	oplied For A Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered	Agent *	
DANCEUR BUY O			Name	•		
ROBERTIE, PAUL G 1511 SW 1ST AVE			Street Adda	(P.O. Box Number is Not Acceptable)		
OCALA FI	L 34474					
•	·	·	City	. FI	Zip Code	a
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				<u> </u>		·
	Signature, typed or printed farms of registered		egistered Age Colombire in	control aritim reinstaling) DATE		
	AND AND A CONTRACT OF THE PARTY					
After Se	ILE NOW III FEE IS \$550.00 ptember 10/2003 Fee will be! r Payable to Florida Orbartine	7750.00分級別 レンンイ	(2/2)	8. Election Campaign Financing		0 May Be I to Fees
After Se	ptember 10, 2003 Fee will be Payable to Florida O bartine	7750 00 W) 2/3 [11]	8. Election Campaign Financing	Added	to Fees
After Se Make Check	ptember 10, 2003 Fee will be Payable to Florida O bartine	P750.00	غسية	Trust-Fund Contribution.	Added	to Fees
Are Se Make Check Make Check 10. TITLE NAME STREET ADDRESS	ptember 10/2003) Fee Will to Payable to Florida Dipartime OFFICERS 1 ROBERTIE, PAUL G 1511 SW 1ST AVE OCALA FL 34474 D	TO OF State AND DIRECTORS	11. TITUS MANNE STREET ADDRESS	Trust-Fund Contribution.	Added DIRECTORS	to Fees
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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 of trystee 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 all other like empowered.

SIGNATURE:

. TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR