

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91089 002 ***150.00

DOCUMENT # P00000095184

1. Entity Name
**JOSEPH & COMPANY CERTIFIED PUBLIC ACCOUNTANTS, I
NC.**



Principal Place of Business
**7601 N FLORIDA AVE
CITRUS SPRINGS FL 34434**

Mailing Address
**7601 N FLORIDA AVE
CITRUS SPRINGS FL 34434**

2. Principal Place of Business
2450 N. Citrus Hills Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2450 N. Citrus Hills Blvd.
Suite, Apt. #, etc.

City & State
Hernando, FL

City & State
Hernando, FL

4. FEI Number **65-1047430**

Applied For

Not Applicable

Zip **34442**

Country **USA**

Zip **34442**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COX, ALVAH L
2450 N. CITRUS HILLS BLVD.
HERNANDO FL 34442**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Alvah L Cox*
Signature, typed or printed name of registered agent and title if applicable.

T. Reun
(NOTE: Registered Agent signature required when reinstating)

3/13/03
DATE

**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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, ALVAH L 2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEPARANO, JOHN J 7601 N FLORIDA AVE CITRUS SPRINGS FL 34434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRINGAL, MICHAEL J 2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Alvah L Cox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/13/03* Daytime Phone # *352-746-1400*

CR2E034 (10/02)