

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90050 022 ***558.75

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DOCUMENT # P00000103538

1. Entity Name
ANTONIE UYTHOVEN, P.A.



Principal Place of Business
**3 TUCAHOE WAY
PALM COAST FL 32164**

Mailing Address
**3 TUCAHOE WAY
PALM COAST FL 32164**

2. Principal Place of Business
226 VENTANA DR.
Suite, Apt. #, etc.

3. Mailing Address
226 VENTANA DR.
Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

Zip Country
34759 US

Zip Country
34759 US



CHECK HERE IF MAKING CHANGES


6. Name and Address of Current Registered Agent
**UYTHOVEN, ANTONIE
3 TUCAHOE WAY
PALM COAST FL 32164**

7. Name and Address of New Registered Agent
Name
UYTHOVEN, ANTONIE
Street Address (P.O. Box Number is Not Acceptable)
226 VENTANA DRIVE
City
KISSIMMEE FL Zip Code
34759

4. FEI Number **59-3682138** Applied For
 Not Applicable

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

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete UYTHOVEN, ANTONIE 3 TUCAHOE WAY PALM COAST FL 32164 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition UYTHOVEN, ANTONIE 226 VENTANA DRIVE KISSIMMEE, FL 34759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE:  **ANTONIE UYTHOVEN** 9/7/03 (407) 729-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)