

# 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

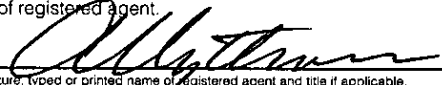
6. Name and Address of Current Registered Agent  
**UYTHOVEN, ANTONIE  
3 TUCAHOE WAY  
PALM COAST FL 32164**

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	<b>D</b> <input type="checkbox"/> Delete <b>UYTHOVEN, ANTONIE</b> <b>3 TUCAHOE WAY</b> <b>PALM COAST FL 32164</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>UYTHOVEN, ANTONIE</b> <b>226 VENTANA DRIVE</b> <b>KISSIMMEE, FL 34759</b>
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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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

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)