## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000027071 **DOCUMENT #**

1. Entity Name

MATTHEW D. BORDELON, P.A.



## **FILED**

Procept Place of Business 272 GULF BREZZ F NVV. GULF BREZZ F 1 32583  Suite, Apt. # 800.  Clay & States  Country  Zp  Country  Zp  Country  Sp. Cognitions of Suites Desired Suites Desired Appent  Name  BORDELON, MATTHEW D  272 GULF BREZZ F 1 32563  City  FL  Since Address of Number and Address of Number in disconnent for the purpose of changing its registered agent, or both, in the State of Fortida. I am lemiture with, and accept the ability of the Country Suite April 1 11.  Screet Address (PO. Box Number a Not Acceptable)  Since Address (PO. Box Number a Number acceptable)  Since Address (PO. Box Number and Address of Number acceptable)										
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Suite										
City & State  City & State  City & State  City & State  Country  Sp. Cogniticator of Status Desired.   So. 75 Additional Free Registered Agent  Fee Registered Agent  Name  Name  Name  Name  Steel Address of New Registered Agent  City  FL  Zin Code  FL  Zin Code  FL  Zin Code  City  Zin City  FL  Zin Code  City  Zin City  FL  Zin Code  City  Zin	2. Principal P	Place of Business	3. Mailing Address			<b>                                  </b>	(11 <b>111</b> 11 <b>1 111</b> 11 1	<b>ar</b> ii <b>ar</b> iil i		
Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
BORDELON, MATTHEW D 2721 GULF BREEZE FL 32563    City   FL   Zin Code   City   State   Zin Code   City   Z	City & State		City & State		4	. FEI Number <b>59-3706437</b>				
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Steel Address (**O. Strumber's Not/Acceptable)	BORDEI O	IN MATTHEW D		Name	Name					
BOLF BREEZE FL 32563  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signame, topics or prised name of registered agent action is expicable.   (NOTE: Registered Agent signature required short remotating)   DATE			Street Address		ess (P.O.	(P.O. Box Number is Not Acceptable)				
## The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  ### Signature										
SIGNATURE   Signature   Tribe ob bigations of registered agent and site if applicable   (NOTE Replatered Agent algoritance magnited when relateding)   OATE				City			FL	Zip Code	•	
FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT  NAME SIREST ADDRESS CITY-ST-2P  TITLE SI			the purpose of changing it	s registered office or reg	istered a	agent, or both, in the State of Florida	. I am famil	iar with, a	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature re	quired wher	n reinstating)	DATE			
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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:

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