

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90136 017 ***150.00

DOCUMENT # P01000028883

1. Entity Name
PAULA HEGI, P.A.



Principal Place of Business
~~1360 NEWFOUND HARBOR DR~~
~~MERRITT ISLAND FL 32952~~

Mailing Address
~~1360 NEWFOUND HARBOR DR~~
~~MERRITT ISLAND FL 32952~~

2. Principal Place of Business

3720 W. Malory Ct

3. Mailing Address

3720 W. Malory Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cocoa, Florida

City & State
Cocoa, Florida

4. FEI Number
59-3707589

Applied For
☐ Not Applicable

Zip
32926

Country
USA

Zip
32926

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEGI, PAULA
1360 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952

Name **Paula Hegi**
Street Address (P.O. Box Number is Not Acceptable)
3720 W. Malory Ct
City **Cocoa** FL Zip Code **32926**

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 **Paula H.**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/9/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	HEGI, PAULA			
	1360 NEWFOUND HARBOR DR			
	MERRITT ISLAND FL 32952			

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: **Paula H.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 **321-631-1074**
Date Daytime Phone #

CR2E034 (10/02)