

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**
Suite, Apt. #, etc.
3. Mailing Address: **3720 W. Malory Ct**
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State: **Cocoa, Florida**
Zip: **32926** Country: **USA**
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Zip: **32926** Country: **USA**

4. FEI Number: **59-3707589**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HEGI, PAULA
~~1360 NEWFOUND HARBOR DR~~
~~MERRITT ISLAND FL 32952~~

7. Name and Address of New Registered Agent
Name: **Paula Hegi**
Street Address (P.O. Box Number is Not Acceptable): **3720 W. Malory Ct**
City: **Cocoa** State: **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.* (NOTE: Registered Agent signature required when reinstating)
DATE: **4/9/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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 REQUIRED** DATE: **4/9/03** DAYTIME PHONE #: **321-631-1074**

CR2E034 (10/02)